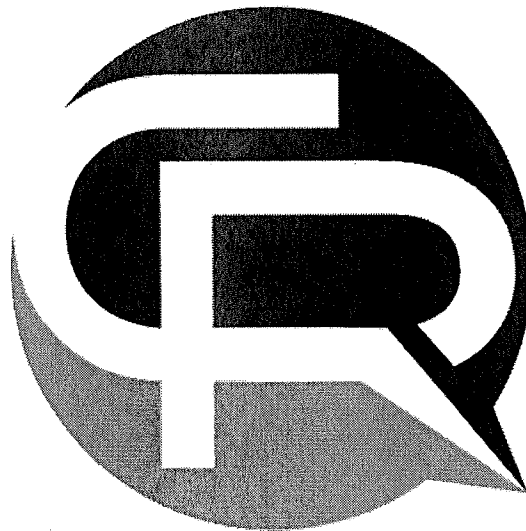


Transcript of the Testimony of **Laura Greer**

Date: May 23, 2018

Case: Laura Greer v. University Hospitals Health Systems
Inc., et al.



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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

LAURA GREER,)	
)	
Plaintiff,)	
)	
vs.)	Case No. 1:17-CV-001438
)	
UNIVERSITY HOSPITALS)	Judge Solomon Oliver, Jr.
HEALTH SYSTEMS INC, et al.,)	
)	
Defendants.)	

- - -

DEPOSITION OF LAURA GREER

DATE: May 23, 2018 at 10:08 a.m.

PLACE: Wasserman, Bryan, Landry & Honold
1090 West South Boundary, Suite 500
Perrysburg, Ohio 43551

REPORTER: Robert W. Scheid, Jr., RPR
Notary Public

- - -

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1 Q. Okay. And is that why the chemotherapy
2 and the liquid antibiotic?

3 A. Yes.

4 Q. Okay. Okay. And then the Neu --

5 A. Neurontin.

6 Q. Neurontin. Was that also related to
7 that?

8 A. I've been on the Neurontin --

9 Q. Prior to?

10 A. -- prior to.

11 Q. Okay. And what is that for?

12 A. It's to help nerve pain and fibromyalgia.

13 Q. Okay.

14 A. And then the issues with my back.

15 Q. Okay. What are the issues with your
16 back?

17 A. I've had two back surgeries.

18 Q. Okay. My wife has had a fusion and then
19 I think they scraped some of her spinal -- the spine
20 at first.

21 What, in general, was the nature of your
22 surgeries?

23 A. I had a fusion in my cervical and then
24 the thoracic.

25 Q. Okay. When was your last surgery

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1 approximately?

2 A. I believe 2008.

3 Q. 2008, okay.

4 Were you on pain medication following
5 those surgeries?

6 A. Yes.

7 Q. Because we will go into, like, 2015
8 and '16 with the pain medication.

9 Is that due to the back injury?

10 A. Yes.

11 Q. Okay. Are you on any pain medications
12 now?

13 A. No.

14 Q. Okay. Let me just -- and I don't need to
15 go into great detail about it.

16 Well, just before I do that, how long
17 have you been prescribed Xanax?

18 A. For the last two years.

19 Q. Two years, okay. And is that when
20 needed, you take it, or is that a daily?

21 A. Daily.

22 Q. Okay. And is that, again, to help the
23 sleeping and eating?

24 A. No. It's to help with the anxiety.

25 Q. Okay. And, I guess, let me just ask you,

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1 was the anxiety the first time you experienced it two
2 years ago? Was that the first time you started a
3 prescription for it or had you been prescribed
4 something for anxiety prior to that?

5 A. I believe four -- it's been about five
6 years when my mother was dying. My family doctor gave
7 me a short prescription of it to get through.

8 Q. Okay. Then it came back two years ago?

9 A. Yes.

10 Q. Okay. So when we say, "two years ago,"
11 is this two years ago, like -- when would you put that
12 in? Tell me approximately when in the year.

13 A. July of 2016.

14 Q. July 2016, okay.

15 And then just so I'm clear on the current
16 diagnosis, do you have any work restrictions at this
17 point? Like if you were going to be working at UH,
18 would you have any restrictions?

19 A. Right now, I cannot work due to I had an
20 auto accident December 1st.

21 Q. Okay.

22 A. So I actually have about nine fractures
23 starting in my cervical down to my lower back.

24 Q. Okay. So that was December 1st, 2017.

25 A. Yes.

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1 Q. Okay. Do you have any restrictions at
2 this time, work restrictions, due to that diagnosis?

3 A. Yes, probably so. I would probably not
4 be able to work at this time.

5 Q. Okay. Even without the car accident?

6 A. Correct.

7 Q. Okay. And I guess, let me ask you this.

8 Well, first of all, on the car accident,
9 just so I can understand the two issues, the car
10 accident, you have fractures in your spine or where
11 are the fractures?

12 A. They start in my cervical and go all the
13 way down my back.

14 Q. Okay. Okay. And as of right now, I take
15 that it you would not be allowed -- you wouldn't be
16 medically able to work since December 1 of 2017?

17 A. Correct.

18 Q. Okay. At this time, you don't know when
19 those fractures are going to heal and permit you to
20 return, take the other diagnosis out.

21 A. Correct.

22 Q. And the other diagnosis with your
23 restrictions, the January 2018 diagnosis, are those
24 going to improve with your medications or do you see
25 that as an ongoing disability-type filing, like where

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1 you'll go to SSDI and file?

2 A. Yes.

3 Q. "Yes," being the SSDI?

4 A. Yes.

5 Q. Okay. So let me ask this. Let's say
6 that your leave would have been granted. And we'll
7 get into it, but the leave when you went to, I think,
8 San Antonio.

9 A. Yes.

10 Q. And say that you were still employed by
11 UH, because you got back from San Antonio shortly
12 before December 1, right?

13 A. Right.

14 Q. Would you be on a leave of absence today?

15 A. Yes. I would be on -- I would probably
16 have flipped to long-term disability.

17 Q. Okay. And that's where you would have
18 stayed on long-term disability as long as it would
19 have been providing you benefits?

20 A. Correct.

21 Q. Okay. So I take it, with that, you
22 haven't sought long-term employment since leaving UH.

23 A. Could you repeat that?

24 Q. Since leaving UH or separating, you
25 haven't sought alternative employment yet.

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1 A. I started to.

2 Q. Okay.

3 A. And then I had the car accident.

4 Q. Okay.

5 A. So no.

6 Q. Okay. So as of right now, have you made
7 your filing for SSDI?

8 A. Yes.

9 Q. You have.

10 A. Yes.

11 Q. Okay. When was that?

12 A. I filed it at the end of February.

13 MR. CAMPBELL: Frank, did we get
14 that? I guess it would be relevant to
15 the lost-wage claim.

16 MR. LANDRY: I don't think we
17 have a copy of that. We're not handling
18 that.

19 MR. CAMPBELL: I guess we'll
20 have to see. I don't know if I
21 necessarily need to see it if this
22 changes some of what you're seeking.

23 BY MR. CAMPBELL:

24 Q. So I take it that as of your filing at
25 the end of February, you're taking the position with

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1 the government that, for the foreseeable future,
2 you're unable to work, you're disabled according to
3 the law.

4 A. Yes.

5 Q. Okay. So if we are together at this time
6 next year, you would assume at that point you would be
7 on disability? Hopefully you're recovering, but for
8 right now, you would say you'd be on disability
9 receiving those benefits at this time next year, would
10 be your expectation?

11 I mean, you tell me. What's your
12 expectation, I guess, at the end of this year? Do you
13 expect to be back to work or what's your expectation?

14 A. I would like to. Disability has been
15 approved as of last week.

16 Q. Oh, it has been approved.

17 A. Yes.

18 Q. Okay. So you weren't initially denied.
19 It was granted immediately.

20 A. Correct.

21 Q. Okay. So as of right now, you're on
22 SSDI?

23 A. I have not started receiving any
24 benefits.

25 Q. Okay. But it has been approved.

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1 A. Yes.

2 Q. And when I say, "on," it's been approved
3 and you'll start receiving benefits, I guess,
4 retroactive to your disability date in February?

5 A. No. Actually, you have a five-month
6 waiting period.

7 Q. Okay. Okay. Okay. Thank you for that.
8 So I don't think I need to go into a lot of the
9 job-seeking at this point.

10 But just so we're clear, then, like I
11 said, if the leave of absence would have been approved
12 and you were still employed, today you would be on
13 medical leave of absence from UH?

14 A. Yes.

15 Q. Okay. And you would have applied for
16 long-term disability, I guess, in connection with your
17 SSDI?

18 A. Yes.

19 Q. Okay. Thank you for that. So let me ask
20 you about other litigation or other claims that you
21 may have had.

22 So on the car accident, was that just
23 your car?

24 A. Yes.

25 Q. Okay. Were you in an accident earlier

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1 suffered during 2016 and 2017 concerning back issues.

2 Is that a true statement?

3 A. Yes.

4 Q. Okay. And let me ask you, in 2016 and
5 2017, did you have any work restrictions at UH? And
6 I'm going to use "UH."

7 Are we on the same page with that, when I
8 talk about your employment?

9 A. That's fine.

10 Q. Okay. Did you have any work restrictions
11 due to your back issues?

12 A. I had FMLA papers.

13 Q. Okay. For absences?

14 A. Yes.

15 Q. Okay. When you were at work, did you
16 have any work restrictions that said, hey, you can
17 only work so many hours a day or a week or anything
18 like that?

19 A. No. But I believe they put -- if I had
20 to stop and, say, lay down for a while, I could do
21 that.

22 Q. Okay.

23 A. And then usually finish working or made
24 up the time.

25 Q. Okay. So, yeah, like, my wife will be

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1 working at home and she might be sitting at her chair
2 for too long and need to walk or to lay down or
3 something.

4 Is that a fair statement, like what you
5 had?

6 A. Yes.

7 Q. Did you ever have any -- I guess, did
8 that ever impact your job performance at UH?

9 A. No.

10 Q. Was it ever stopped? Did you ever have
11 UH say, "You're not allowed to go lay down" or
12 anything?

13 A. No.

14 Q. Okay. So that was one ailment.

15 Is there any other -- in 2016 and 2017,
16 before December 1, before your car accident, is there
17 any other, I guess, physical impairments or mental
18 impairments that you suffered in those two years?

19 A. Migraines.

20 Q. Migraines, okay. I guess, first of all,
21 let me ask you, is there anything else? Then I'll go
22 back to migraines and ask you like the back injury.

23 Anything else?

24 A. No.

25 Q. Okay. So with the migraines -- so I

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1 guess just to be clear, so 2016 and 2017 up till
2 December 1, your car accident at UH, the physical and
3 mental impairment you had during that time were
4 continuing back issues and migraines?

5 A. Yes. They went back way before.

6 Q. I understand. But in those two years,
7 was there anything else? Did you have any other work
8 restrictions aside from some FMLA or attendance? Any
9 other work restrictions?

10 A. No.

11 Q. Okay. So tell me about the migraines.
12 Was that just FMLA and sometimes you might have to
13 take a break?

14 A. Yes.

15 Q. Okay. Did UH ever stop you from taking
16 those breaks?

17 A. No.

18 Q. Okay. Did it impact your work
19 performance?

20 A. No.

21 Q. Okay. So it sounds like in 2016 and 2017
22 at UH, you had FMLA intermittent leave and sometimes
23 you would have to take some extended leave for
24 treatment, I assume, right?

25 A. Yes.

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1 Q. And aside from that, while you were at
2 work, you were able to perform all the essential
3 functions of your job.

4 Is that a fair statement?

5 A. Yes.

6 Q. And the only restrictions you had were, I
7 would, I guess, say it was minimal, as needed, you
8 might need to lay down either for a migraine or a back
9 injury?

10 A. Yes.

11 Q. Did that happen a lot or was that just
12 something you had the ability to do?

13 A. There was a cluster of time, probably
14 starting in August, where the migraines and the
15 back --

16 Q. August 2017?

17 A. Yes.

18 Q. Okay. Were flaring up, so to speak?

19 A. Yes.

20 Q. Okay. And how did it impact you? More
21 time off or what was the issue?

22 A. Yes.

23 Q. Okay. Okay. But in terms of when you
24 were at work, it was just simply there were times when
25 you needed to lay down or turn off the lights for a

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1 migraine or something like that?

2 A. Yes.

3 Q. And let's take out attendance right now.
4 Let's take out the attendance issues and let's just
5 talk about your work performance in 2016 and 2017.

6 Did anybody tell you that your work
7 performance when you were there at work was poor?

8 A. No.

9 Q. Okay. Did anybody raise any issues about
10 you taking maybe a short break to make sure your back
11 was okay or a migraine? Did any UH supervisors raise
12 any issues with that?

13 A. I was told I was missing too much work
14 when I was getting injections in my back.

15 Q. Okay.

16 A. And I had been approved for vacation, and
17 they took it back and said because of having
18 injections and stuff, there was too much work that was
19 needed done.

20 Q. Okay. And we'll get into the attendance
21 issues. But aside from attendance, where they might
22 say, hey, you've used up your vacation or you got
23 attendance points, let's take attendance out.

24 When you were at work, did any UH
25 supervisors raise issues or managers raise any issues

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1 about you needing to take short breaks for backaches
2 when you were at work doing your duties?

3 A. Yes.

4 Q. They did.

5 A. At times, yes.

6 Q. At times. Who? Who or when? Do you
7 have any --

8 A. Cindi Roberts.

9 Q. Okay. Do you have any specific dates or
10 issues?

11 A. No. Just because of the backlog of
12 claims and stuff needed done.

13 Q. Okay.

14 A. I was, you know, cutting work at that
15 time.

16 MR. CAMPBELL: Okay. Let me see
17 if I understand. I guess maybe we can
18 take one step back. Let me see if I have
19 a document here.

20 (Court Reporter marked
21 Defendants' Exhibit 1.)

22 BY MR. CAMPBELL:

23 Q. You've been handed what's been marked as
24 Exhibit 1. And we were talking about 2016 and 2017.

25 Did you hold the claims processor

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1 position?

2 A. Yes.

3 Q. Okay. And why don't you take a second to
4 look through this document and let me know if you
5 would consider this document an accurate
6 representation of your roles and responsibilities.

7 A. (Witness complies.) Yes.

8 Q. And so how long did you hold the claims
9 processor position?

10 A. 16 years and 20 months [sic].

11 Q. Okay. And so at all times during your
12 employment -- and I'm going to call it UH, but I think
13 there was a predecessor employer which became UH.

14 Is that a fair statement?

15 A. Health Design Plus is what was started.

16 Q. Okay. And then UH came in sometime
17 during your 16 years and 20 months?

18 A. Yes.

19 Q. Okay. I'm just going to call it "UH" for
20 ease of this.

21 A. That's fine.

22 Q. Were you always a claims processor during
23 your employment?

24 A. Yes. I got promoted to senior claims
25 examiner.

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1 Q. Okay. And when did you get that
2 promotion approximately?

3 A. I'm unsure.

4 Q. Okay. Were you a senior claims examiner
5 when you were discharged?

6 A. Yes.

7 Q. Okay. So for 2016 and 2017, you were a
8 senior claims examiner?

9 A. Yes.

10 Q. Okay. Well, is there anything that when
11 we look at this claims processor, is there anything
12 that "senior" would add to this or is it just that pay
13 increase?

14 A. Yes. I would get, say, problem claims or
15 claims that needed more attention or e-mails from
16 clients.

17 Q. Okay. When did you start working from
18 home?

19 A. It was shortly after I started. I was
20 the first one they tested. I would say 2003 possibly.

21 Q. Okay.

22 A. I'm unclear.

23 Q. Okay. And you said, "tested," meaning
24 what?

25 A. They wanted to see how it would work out.

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1 production (22 to 25) claims per hour," not
2 necessarily "What were you doing 15 minutes ago?"

3 A. I exceeded what they --

4 Q. Okay. So what would Cindi raise with
5 you? When I asked you about did anybody ever raise
6 anything with you about breaks or anything, were you
7 saying that you had a backlog of claims?

8 A. There was always a backlog of claims.

9 Q. Okay. Okay. Well, let me just -- I
10 guess just to explain a little bit to me, then, what
11 is Health Design Plus? Are they a claims
12 administrator or what do they do?

13 A. They're our TPA.

14 Q. Okay. Third-party administrator.

15 A. Yes.

16 Q. Okay. For health plans, for various
17 health plans?

18 A. For various companies.

19 Q. Various companies, okay. So pick a
20 company, they have health insurance for their
21 employees, and they will contract with Health Design
22 Plus to be a third-party administrator.

23 A. Yes.

24 Q. So what you were doing was reviewing
25 health claims to determine -- I guess it says medical,

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1 dental, and vision -- to determine whether the plan
2 covered that, right?

3 A. Yes. You know, whether we released a
4 claim to be paid or denied the claim for various,
5 whatever the company's policies were.

6 Q. Okay. Did you have certain employers
7 that you were responsible for?

8 A. Yes.

9 Q. Okay. So those employers, those claims
10 would be coming and you would review those.

11 Were you the only representative, the
12 claims processor, on certain employers or were there
13 multiple?

14 A. I had just a few that was my own and then
15 we had other employees that did the same plans.

16 Q. Okay. Okay. And so if you were on one
17 of the plans that would be your own, I assume that if
18 you were behind, then that employer might say, hey,
19 there's a backlog. Whether you were the cause of it
20 or not, there's a backlog.

21 They might be getting complaints from
22 their employees about, "Hey, why isn't my claim
23 approved"?

24 A. I would not hear that.

25 Q. Okay. Is that what Cindi was hearing?

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1 your workday start? Do you actually log in on your
2 computer?

3 A. Yes.

4 Q. That's how you clocked in.

5 A. Yes.

6 Q. Okay. And when you log in to your
7 computer, then, did you just start performing your
8 task at that time?

9 A. Yes.

10 Q. Okay. Did you have to phone in or were
11 the claims right there to review?

12 A. The claims were right there.

13 Q. Okay. And so when would you have contact
14 with your supervisors or managers? Tell us, like, was
15 it regular or only if an issue arose?

16 A. Only if an issue arose or they would,
17 say, e-mail me if they needed something done or had a
18 question.

19 Q. Okay. How did you typically -- I guess
20 the e-mail brings up a good point.

21 How did you typically communicate with
22 your managers and supervisors?

23 A. E-mails.

24 Q. Okay. How often were, like, phone calls
25 or in person?

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1 A. Rare.

2 Q. Okay.

3 A. The only time we did phone calls is when
4 we would have, say, a meeting.

5 Q. Okay. Then in person?

6 A. No. It would be -- say we're sitting
7 here. And whoever's in the main office, they would
8 have the phone, conference phone on, and all of us
9 processors that are working from home call in.

10 Q. Okay. Sounds good, I understand. So
11 then, in general, it sounds like your workday was
12 pretty self-reliant.

13 A. Yes.

14 Q. You got the claims. You processed the
15 claims. If you had an issue, you would e-mail or if
16 your managers or supervisors had an issue, they would
17 e-mail you?

18 A. Correct.

19 Q. Okay. Okay. So let me just ask you, as
20 to the -- at some point, I guess, in time on the -- in
21 2016, did you -- or was it 2015 -- did you go into a
22 drug treatment program or rehab program?

23 A. Yes, I did. January of 2016.

24 Q. January of 2016, okay. So tell me, I
25 guess, what led to that?

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1 A. I had been a patient with pain management
2 for over ten years with my back. They had prescribed
3 me 187-1/2-milligram Percocets every month.

4 Q. Okay.

5 A. I had just finally decided I had enough
6 of taking them.

7 Q. Okay.

8 A. And I was unsure about how to go about
9 getting off of them.

10 Q. Okay.

11 A. So I went to Arrowhead to get help.

12 Q. Okay. What is Arrowhead?

13 A. A rehab place.

14 Q. Okay. Did you find that on your own or
15 were you directed?

16 A. No, I found that on my own.

17 Q. Okay. So you went to the rehab at that
18 time.

19 And prior to entering rehab, did it
20 impact your work at UH, the Percocet use?

21 A. No.

22 Q. Okay. Did anybody at UH, I guess, raise
23 issues with you about it?

24 A. No.

25 Q. Okay. How long did you go into

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1 Arrowhead?

2 A. I was there, I think, three days, if
3 that.

4 Q. Okay. Did you advise -- I saw in the
5 complaint about, did you let your -- I guess, first of
6 all, were the three days during workdays or a weekend?

7 A. Let me think. I believe -- I think I
8 went in on a Thursday, maybe.

9 Q. Okay. And did you release yourself or
10 were you released by the physician?

11 A. I was released by the physician.

12 Q. Okay. Did you let UH know that you were
13 going into rehab, or how did that come about?

14 A. Yes, I did.

15 Q. You did, okay.

16 Did you let your supervisors and managers
17 know or when you say you let them know --

18 A. HR.

19 Q. Okay.

20 A. And Cindi Roberts.

21 Q. Okay. I thought I read something where
22 you claimed that UH learned of that by mistake or UH
23 shouldn't have learned that you were in rehab.

24 Am I reading something wrong?

25 A. When I filed for short-term disability.

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1 Q. Okay.

2 A. Aetna -- I believe that was our
3 short-term disability company -- thought -- excuse me.

4 The nurse, director of nursing, Elizabeth
5 at Arrowhead, thought she was talking to my disability
6 company.

7 Q. Okay.

8 A. You know, and then at that point, they
9 are allowed to release my medical, you know,
10 information. And she was, in fact, talking to Angela
11 Kuhlman, the HR manager at Health Design Plus. And
12 Angela never stopped her and advised her that she was
13 talking to the wrong company.

14 Q. Okay. Let me -- I guess let me just try
15 to understand this a little bit.

16 You went into rehab in January of 2016,
17 right?

18 A. Yes.

19 Q. Why would you be applying for short-term
20 disability if it was only going to be three days?

21 A. Because when I got -- was released, I had
22 a return-to-work release and they would not let me go
23 back.

24 Q. Okay. Okay. So let's take a step back.

25 So this started with, you had been on

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1 pain medications for a decade.

2 A. Correct.

3 Q. You ultimately concluded that, "Hey, this
4 is too much, I don't want to continue to take these
5 every day."

6 A. Yes.

7 Q. You voluntarily check yourself into
8 Arrowhead?

9 A. Yes.

10 Q. And I thought that you said that when you
11 were checking into Arrowhead, because you're going to
12 miss work, that you let UH know that you were going to
13 Arrowhead.

14 Or did I hear that wrong?

15 A. No, I advised them what I was doing.

16 Q. Okay. So you did advise Arrowhead, "I'm
17 going into rehab."

18 Did you tell them that you were, "I'm
19 trying to" -- I guess, wean yourself off the pain
20 medication? Did you let them know?

21 A. Yes.

22 Q. Okay. So you went to Arrowhead.

23 And then, I guess, you didn't apply for
24 short-term until after you were out of Arrowhead,
25 right?

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1 A. I believe I was -- I had started
2 short-term disability, because my understanding or
3 what I thought rehab was would have been longer than a
4 three-day stay.

5 Q. Okay. So when you went in, you thought
6 it was going to be more than three days?

7 A. Yes.

8 Q. Okay. That's when you applied for
9 short-term disability?

10 A. Yes.

11 Q. Okay. So let me ask you, when you had
12 already told, when you thought you were going to miss
13 a lot of work, I guess, or more than three days, you
14 called HR and you told Cindi Roberts, "I'm going into
15 Arrowhead," right?

16 A. Angela Kuhlman was the HR and Cindi
17 Roberts was my manager.

18 Q. Okay. So you let them both know, "I'm
19 able to do my job, but I'd like to get off these pain
20 medications. I think I need help to do that, and I'm
21 going to go into Arrowhead."

22 A. Yes.

23 Q. Okay. Is that a fair statement? I guess
24 you probably had a longer conversation, but you
25 basically told them, "I'm going into rehab

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1 voluntarily," number one, right?

2 A. Yes.

3 Q. "I've been on pain medications and I'd
4 like to get off them," right?

5 A. They were aware that I was on them.

6 Q. Okay. But you were hoping to get off
7 them through rehab.

8 A. Yes.

9 Q. You told them that you were able to do
10 your work, it didn't cause you problems with
11 processing claims, right?

12 A. Correct.

13 Q. But you wanted off. And I guess at that
14 point, you told them that you thought you might be in
15 for longer than three days.

16 Did you have any idea how long you
17 thought you might be in?

18 A. Well, I mean, my perception of going to
19 rehab is, you know, maybe a 30-day stay of how do you
20 get from Point A to Point B.

21 Q. Yes.

22 A. You go through counseling. And it was
23 nothing that I ever thought it was.

24 Q. Okay. And when you talked to Cindi and
25 Angela, I take it that you said to them, because you

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1 wanted to understand.

2 Let me mark Exhibit 2.

3 (Court Reporter marked
4 Defendants' Exhibit 2.)

5 BY MR. CAMPBELL:

6 Q. Have you ever seen Exhibit 2 before
7 today?

8 A. No. But number 10 is absolutely
9 incorrect.

10 Q. Number 10 is incorrect? And it says,
11 "Patient states reason for admission is," and it
12 states, quote, "to get off heroin."

13 A. Correct.

14 Q. Okay. So you're saying you weren't --
15 did you ever take heroin?

16 A. Absolutely not.

17 Q. Okay. So I guess the things that are
18 correct are the date.

19 Do you have any reason to disagree that
20 it was on January 14th, 2016, that you were admitted
21 into Arrowhead?

22 A. No.

23 Q. Okay. It does say, "Fall risk" and
24 "Chronic pain."

25 When it says, "fall risk," was that an

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1 accurate statement?

2 A. I believe, just estimating, they put
3 "fall risk" for patients.

4 Q. Okay. Okay. So then they must have
5 misunderstood or misheard when they put this quote to
6 get off heroin?

7 A. Correct.

8 Q. Okay. Was there ever a time that the
9 pain medication that the pain management company had
10 prescribed to you wasn't enough each day and you
11 somehow got more?

12 A. No. I never took heroin.

13 Q. Okay. Did you buy prescriptions to take
14 more prescriptions than what they prescribed?

15 A. A few times I did, yes.

16 Q. Okay. Meaning that you just took more
17 that day or that you bought them through some other
18 source?

19 A. Both.

20 Q. Both, okay. How would you, I guess, buy
21 them? Did somebody have another prescription or how
22 were you able to --

23 A. Yes.

24 Q. Okay. A friend?

25 A. Yes.

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1 there's a hole there, what that word is.

2 Q. Okay. I get it. I think it's something
3 risk factors, you're saying?

4 A. I understand that. But I don't know what
5 the first word is, because they've marked "impaired
6 judgment," so I'm unclear as to what the first word
7 is.

8 Q. Okay. Yeah. I'm having trouble seeing
9 that, as well.

10 So did you have impaired judgment at the
11 time or no?

12 A. No, I do not believe so.

13 Q. Okay.

14 A. Also, it said I thought -- or tried to
15 commit suicide is not -- do you have -- let's see
16 where that is.

17 284, "Have you had any thoughts of death
18 or suicide in the past" and they marked it "yes" and
19 put "years ago."

20 I don't ever remember making that
21 statement.

22 Q. Okay. That's fair. I read in here, let
23 me just ask you, that at this time the Xanax you were
24 taking was not prescribed and you were getting it
25 through some other source.

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1 Is that accurate?

2 A. At that time, correct.

3 Q. Okay. Was that through a friend, or how
4 were you getting the Xanax?

5 A. Yes.

6 Q. And did you get prescribed that after the
7 rehab, the Xanax?

8 A. The Xanax didn't start until July of
9 2016.

10 Q. Okay.

11 A. When all this stuff started.

12 Q. Okay. Okay. And we'll take a break here
13 in a moment. Let me just conclude this part.

14 So you went into Arrowhead voluntarily?

15 A. Yes.

16 Q. You did advise UH of the fact that you
17 were going into Arrowhead and of the pain medication,
18 I guess.

19 Did you describe it then as an addiction
20 or what did you say?

21 A. No. I just told them I'd had enough. I
22 wanted to get off of it. I probably told them I
23 didn't know how to do it and I was going to get some
24 help.

25 Q. Okay. And then when you were released

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1 what the insurance company approves for you to -- your
2 stay.

3 Q. Okay. Well, let me ask you one final
4 question on it, then.

5 If somebody called you up on a Thursday
6 and said, "I'm going into rehab because I've been on
7 pain medication for ten years and I don't know how to
8 get off of it," right?

9 That's what you called and said to HR at
10 UH, right?

11 A. Correct.

12 Q. And then three days later or four days
13 later, you're saying, "I now know how to get off of it
14 and I'm fine and I'm getting ready to return to work,"
15 would you not potentially have a few doubts about that
16 if you were the person receiving those two
17 communications?

18 A. I would -- in my opinion?

19 Q. Yes. Yeah.

20 A. I would look at how their work history
21 has been and base it off of that. And if you have
22 gone to this facility and this doctor has said okay,
23 she is now fine, she is clean, she does not need the
24 Suboxone, you know, to stop the cravings -- you know,
25 that's what I learned being there -- no, I wouldn't.

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1 A. Correct.

2 Q. And it was individualized, not group
3 therapy, at Arrowhead.

4 Is that an accurate statement?

5 A. It was all group.

6 Q. It was all group, okay. But it was
7 supposed to be, you thought it was going to be
8 individualized.

9 A. Correct.

10 Q. Okay. And what they were telling you is
11 that your insurance only paid for three days of
12 Arrowhead.

13 A. Yes.

14 Q. Okay. And then they were suggesting
15 that, I guess there was a couple options that you
16 could go to, either an outpatient that your insurance
17 would pay, they would verify that your insurance would
18 pay, and I think you said no to that.

19 A. That is untrue.

20 Q. Okay. What's untrue about it?

21 A. I never denied that I would, you know,
22 not follow up. When the provider discharged me, I
23 actually asked him, I said, "I take it my insurance
24 denied your IOP and PHP program."

25 And he said, "How do you know that?"

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1 treatment.

2 And I said, "Who are we going to believe?
3 A nurse or the doctor?"

4 Q. Okay. Okay. All I'm asking you right
5 now is: You come to UH, you say, "Here's my release,
6 I want to start working at home again."

7 You said UH said no to that initially in
8 January of 2016, right?

9 A. Yes. And that's also when Cindi Roberts
10 said, "I don't think I can trust you anymore."

11 Q. Okay. As soon as we get through this
12 timeline, I'm going to say you can fire away and say
13 whatever you want. Just give me this. I'm just
14 trying to get through this.

15 You come back, "Here's my release to
16 return to work."

17 UH says, "No, you're not returning,"
18 right? Yes or no?

19 A. Yes.

20 Q. Okay. What did UH do? What did you have
21 to do to get back to work?

22 A. I faxed Angela Kuhlman this. I faxed
23 her --

24 Q. "This" being Exhibit 4?

25 A. This paper here, the nursing discharge

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1 note only.

2 Q. Okay.

3 A. And the doctor's discharge paper.

4 Q. Okay. How long did it take before they
5 put you back to work?

6 A. I cannot recall how long.

7 Q. A day? Weeks? Month?

8 A. It might have been a week. I cannot
9 recall when.

10 Q. Okay. So a week you're out -- let's say
11 it's a week. You return to work.

12 And when you return to work, that's when
13 they say the EAP program is going to be put in?

14 A. No.

15 Q. No, okay. What happens? You return to
16 work and nothing? You're just back?

17 A. I returned to work. Everything was fine.

18 Q. Okay. When did they let you know the EAP
19 program was going to be applicable?

20 A. July.

21 Q. July, okay. So you're saying that the
22 EAP program, you went into rehab, they asked you --
23 did you do outpatient from January until July? Did
24 you do outpatient treatment for your addiction?

25 A. I, on my own, saw a counselor. And it

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1 wasn't necessarily to talk about addiction. It was,
2 you know --

3 Q. Okay. Did you go to any actual
4 outpatient or inpatient rehabilitation?

5 A. No.

6 Q. Okay. And then what is your
7 understanding of why the EAP program was triggered?

8 A. I got a call. I was on vacation the week
9 of July 4th. I worked that following Monday. That
10 following Tuesday, I worked four hours and received a
11 phone call from Angela Kuhlman and Robby Kordish
12 stating I was being put on administrative paid leave,
13 that EAP would be contacting me.

14 That is when EAP contacted me and stated
15 I was put on administrative paid leave due to an
16 accusation of slurred speech.

17 Q. Okay. So you're saying that at some
18 point in time, somebody reported that there was cause
19 for you to go into the EAP program?

20 A. I had to go, obviously, through the fit
21 for duty, which ended up being a chemical-dependency
22 evaluation.

23 Q. In July?

24 A. In July.

25 MR. CAMPBELL: Okay. Let me

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1 I mean, that would be something she
2 should do, right?

3 A. She would. But I already had a
4 return-to-work note.

5 MR. CAMPBELL: Mark this.

6 (Court Reporter marked
7 Defendants' Exhibit 6.)

8 BY MR. CAMPBELL:

9 Q. I'll show you what's been marked as
10 Exhibit 6. Let me just take you through it, just so
11 we can move through. And you're welcome to read it.

12 Page 1, I read there, if you look at Page
13 1 on the handwriting, it says, "12 steps meeting, did
14 not attend."

15 Is that an accurate statement?

16 A. Yes.

17 Q. Okay. I take it that you decided, what,
18 they weren't helpful or you didn't like them? What
19 was the problem?

20 A. I felt like people were just hugging into
21 each other. And that's not what I wanted, you know.

22 Q. Okay. Let's go to the last page of this
23 exhibit first. They're in reverse chronological order
24 there. So if we look at the last page, this one is
25 your follow-up appointment with your therapist on

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1 February 26, 2016.

2 Do you see that at the top? Last page of
3 this. I know it's confusing. Last page says February
4 26, 2016.

5 Do you see that?

6 A. Yes.

7 Q. Okay. At this point, it says stressful
8 workday, so I assume by this time, you're back to work
9 at UH.

10 A. Yes.

11 Q. Okay. And it goes through and it does
12 state there at the end of the first sentence, the
13 "Summary of Session", "She states she went to four of
14 six 12-step meetings but missed two due to a bad cold
15 this week."

16 Did I read that right?

17 A. Yes.

18 Q. Okay. And then the book with signatures
19 would be to verify that you were there.

20 A. Yes.

21 Q. Okay. And then it looks like if you go
22 onto that through the summary, "She checked into drug
23 store UAs and she found a 4 panel with opiate screen
24 for \$24."

25 Did I read that right?

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1 A. She wanted to drug screen me and I had to
2 pay for the drug screens. I had no problems with her
3 drug screening me.

4 Q. Okay. And "We discussed her taking
5 this," the drug screen, "to her doctor's office to use
6 that there."

7 Did I read that right?

8 A. Yes. And I did that.

9 Q. Okay. Because she wanted not just for
10 you to do it at home --

11 A. Right.

12 Q. -- but for you to do it at your doctor's
13 office?

14 A. Correct.

15 Q. Okay. Okay. So at that point in time,
16 February, your counselor is still saying, hey, you
17 should be going to AA.

18 It looks like at that point you were
19 going to AA and that you were supposed to be doing
20 drug tests?

21 A. I did the drug testing.

22 Q. Okay. Let's look at the next page, 315.
23 If you turn the next page from the back.

24 No, no. It goes reverse, I'm sorry.
25 You've got to go to the second page. Turn to

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1 support group meetings. ('I forgot my proof slips at
2 home.') Also, she seemed uncomfortable talking about
3 her use, the consequences of same."

4 And then it says, "She missed two
5 appointments and was sent the letter to notify her was
6 leaving to let us know she wanted a different
7 provider. She did not respond."

8 So you missed two appointments. And then
9 when they're saying, "Hey, do you want to go with
10 somebody else," you ignored the letter.

11 A. I did not ignore the letter. And the
12 reasoning I missed the appointments, my aunt was dying
13 of cancer.

14 Q. Okay, understood. But, I mean, this was
15 important, as well. And they're saying you dropped
16 out of treatment and they sent that notice to you on
17 June 21, 2016, right?

18 A. I didn't necessarily drop out of
19 treatment. Like I said, my aunt was dying.

20 Q. Okay. Well, they considered it dropping
21 out of treatment. And then as it goes on, we look at
22 the discharge plan, and this is what you were getting
23 at.

24 "EAP contacted me to say the patient had
25 been pulled off work on reasonable cause (slurring

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1 words, long delays in responding) so she most likely
2 has relapsed. The EAP states that her toxicology now
3 will be mandatory and I gave her the name of Century
4 Health, as they have the most options for AoD."

5 Did I read that right?

6 A. I don't know how she can say I probably
7 relapsed when she hadn't seen me.

8 Q. Well, but you understand that she hadn't
9 seen you enough because she says, "You're doing great
10 and I don't need to see you." You didn't go back.

11 A. I had the reason why I didn't go back.

12 Q. Okay. And then she kept saying to you --
13 I mean, you realize, it's kind of like if I go to
14 school and I don't have my homework and I say that the
15 dog ate it.

16 If every day you show up and say, "I went
17 to AA but I don't have my signatures," she starts
18 saying, "Maybe she didn't go to AA," right?

19 A. She could say that, yeah.

20 Q. She saw one drug test, from what we see.

21 A. No. There was more than that.

22 Q. Okay. Well, from her notes that we just
23 went through, she saw one drug test.

24 A. Yes.

25 Q. And then she ultimately is saying, even

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1 in her words, she thinks that because -- and I
2 understand life happens and things happen, but
3 obviously from this counselor's view, she believes
4 that there's an indication that, due to your conduct,
5 the objective factor is you relapsed, right?

6 A. If that's what she said. But we had
7 sessions with my husband, and she never brought up any
8 concerns about saying me -- that she felt that I
9 needed more treatment than she could provide for me.
10 That was never, ever said.

11 Q. Okay. Well, I don't think she's saying
12 that you needed more than what she could provide. I
13 think she's saying that you weren't taking the
14 treatment that she wanted to provide to you.

15 A. It was told to me by EAP that she
16 verbally stated that over the telephone.

17 Q. Okay. Look, I'm just reading that. It's
18 certainly on those points. But I guess what I also
19 read there is that the EAP program said that they
20 would not make you go through the EAP program if you
21 were going to see a counselor and undergoing the drug
22 testing with a counselor.

23 A. When they made me go do the
24 fitness-for-duty --

25 Q. Yes. We'll get there.

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1 do our, what was called call logs.

2 Q. Okay.

3 A. And my system was not cooperating.

4 Q. Okay. Let me just ask you: Had you seen
5 this document before today?

6 A. This?

7 Q. Yes.

8 A. No.

9 Q. Okay. I know that you say that the
10 slurred speech was one of the reasons why they sent
11 you to EAP, right?

12 A. That was the only accusation Georgena
13 Kohlbacher said that's why I was put on paid
14 administrative leave.

15 Q. As part of the EAP.

16 Did they tell you also that they believed
17 that you had -- that you were having a difficult time
18 how to understand and follow instructions?

19 A. No.

20 Q. Did they tell you that they believed you
21 were having a difficult time in performing the tasks
22 that were requested of you?

23 A. No.

24 Q. That e-mail, I'll represent to you, was
25 one of the e-mails that go to them. And I understand

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1 your position on Salesforce and I'm sure you have
2 explanations. But from their standpoint, it appeared
3 that you were having difficulties that you normally
4 would not have had.

5 Is that a fair statement?

6 A. I had not been on Salesforce yet.

7 Q. Okay. I understand. But obviously
8 there's different viewpoints. And when somebody hears
9 "slurred speech," up to this point, I guess, up to the
10 point of July 2016, had anybody at UH ever said to
11 you, "Hey, your speech is slurred"?

12 A. No.

13 Q. Okay. And you're saying your speech was
14 slurred not due to drug use but due to a medical
15 problem?

16 A. Correct.

17 Q. Okay. So you're admitting your speech
18 was slurred?

19 A. I do not know.

20 Q. Okay.

21 A. Because the medical issue is, when I had
22 my right thyroid removed, the doctor injured my vocal
23 cords.

24 Q. Okay. When was that? When was that
25 thyroid removed?

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1 A. I cannot recall the actual year. It was
2 while I was working for Health Design Plus.

3 Q. Okay. Was it ten years ago?

4 A. Probably longer, yes.

5 Q. Okay. So you had the medical condition
6 for the last ten years plus of your employment at UH,
7 right?

8 A. Yes.

9 Q. It didn't impact your ability to perform
10 your work aside from, you say, on one occasion maybe
11 or a couple of occasions in 2016, somebody thought
12 that maybe you were on drugs because your speech was
13 slurred.

14 Is that what you're saying?

15 A. Correct.

16 Q. Okay. So did anybody even know you had
17 this medical condition until they raised with you that
18 your speech was slurred?

19 A. I did not know I had this medical
20 condition until my thyroid became -- the left one
21 became enlarged and I was choking on food and went to
22 my thyroid doctor.

23 Q. Okay. But I thought you said that when
24 you went to your thyroid doctor, like, a decade ago,
25 they did something wrong that caused you to have

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1 slurred speech at times?

2 A. We did not discover that until my thyroid
3 doctor sent me in 2017, or '16, to the ENT doctor to
4 make sure there was not an obstruction. Because if
5 there was not an obstruction, then this would have to
6 be removed.

7 Q. Okay. Okay.

8 A. And then at that point is when it was
9 discovered that my vocal cords had been damaged.

10 Q. Okay. So UH, up to this point, had no
11 idea about the vocal cord damage, right, up until July
12 2016?

13 A. And I did not either.

14 Q. Okay. They knew you had been in rehab,
15 right?

16 A. EAP?

17 Q. No. UH, your managers and supervisors,
18 knew you had been in rehab?

19 A. Yes.

20 Q. Knew you had abused, at some point,
21 Percocet, pain medications?

22 A. Yes.

23 Q. And then they believed they had heard a
24 slur in your speech on at least one occasion, right?

25 A. If that's what they're saying.

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1 Q. Okay. I guess your response isn't "I
2 never had slurred speech." Your response to them is
3 "It's not due to drug use. It's due to something
4 else," right?

5 A. It is a medical condition that it changes
6 my voice.

7 Q. Okay. At that point in time, though,
8 they don't know if it's drug use or a medical
9 condition, and they say, "Hey, we think we have cause
10 to have her go through the EAP program."

11 Is that a fair statement?

12 A. If I was told I was being sent for a
13 chemical dependency evaluation and not for a
14 fit-for-duty evaluation.

15 Q. Okay. So your concern was what they
16 called it, you're saying.

17 A. Yes.

18 Q. Okay.

19 A. They're two different --

20 Q. Okay. But I guess I would say if they
21 believed -- I look at it in this case -- I guess let
22 me ask you this.

23 It seems to me the two are one and the
24 same, when somebody believes that this isn't due to a
25 medical condition. This is due to drug use that had

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1 occurred over the past decade.

2 When they send you for fitness for duty,
3 they're not having a -- I mean, if you came in to see
4 a doctor and the doctor looked at you, the doctor is
5 probably going to say, "I need to send her out for a
6 toxicology test" anyway, right?

7 Just like your counselor said the first
8 time you visited her, right?

9 A. I guess -- well, it depends on what the
10 definition of "fit-for-duty evaluation" is versus
11 "chemical dependency."

12 Q. Right.

13 A. They could have said, "Your thyroid's
14 enlarged," which my family doctor knew.

15 Q. Okay. Well, I guess I would say when we
16 see your discharge -- and I'm going back to Exhibit 6,
17 on that July 14th, I mean, the discharge plan says
18 there that "EAP contacted me to say the patient had
19 been pulled off work on reasonable cause (slurring
20 words, long delays in responding) so she most likely
21 has relapsed."

22 They believed it was due to drug use, and
23 so therefore they did it. So I guess I just have to
24 say to you they had a lot of facts at this point that
25 potentially it's there.

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1 I mean, number one, you were paid during
2 the leave, right?

3 A. Partially.

4 Q. In 2016? I thought we saw in everything
5 on the complaint that this was a paid leave they put
6 you out on.

7 A. Not fully.

8 Q. "Not fully," meaning what?

9 A. I was only paid full pay for, say, two
10 weeks.

11 Q. Okay. And then short-term disability
12 after that.

13 A. And then I also had to pay my health
14 insurance.

15 Q. Okay.

16 A. When I'm getting 60 percent of my pay.

17 Q. Okay. And then at that point, you then
18 went into the EAP program. You returned to work at
19 the end of your leave and you went into the EAP
20 program with testing on a regular basis.

21 A. Yes. I had no choice. Yes.

22 Q. Okay. Okay. But you came back to work
23 and your work was fine, you said, right?

24 A. Yes.

25 Q. You had FMLA time. But aside from that,

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1 your work was fine and you didn't have --

2 A. Are you talking January --

3 Q. I'm talking now in August or September
4 2016 until the --

5 A. Yes.

6 Q. Okay. And you were in the EAP program
7 undergoing testing throughout that time period, from
8 September 2016 until your discharge.

9 A. It was sooner. Well, yeah. When I was
10 forced to go to IOP, I had drug testing, also.

11 MR. CAMPBELL: Okay. Why don't
12 we take a break.

13 MR. LANDRY: All right.

14 MR. CAMPBELL: I think it's a
15 good time to take a break for our lunch.

16 (A lunch recess was taken.)

17 MR. CAMPBELL: I want to show
18 you just a couple policies in place so we
19 can have it.

20 Frank we don't have a copy of
21 this. Maybe after the deposition, we can
22 get a copy.

23 (Court Reporter marked
24 Defendants' Exhibit 8.)

25 BY MR. CAMPBELL:

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1 That's fair. And, like I said, I'm not
2 saying that you violated it. I'm just
3 showing it to you.

4 (Court Reporter marked
5 Defendants' Exhibit 10.)

6 BY MR. CAMPBELL:

7 Q. I'm handing you what's been marked a
8 "Fitness-For-Duty Examination."

9 Have you seen that policy?

10 A. No, sir.

11 Q. You did go through at least one fitness
12 for duty?

13 A. Two.

14 Q. Two, okay.

15 A. And the second one, I went to at St.
16 Rita's Hospital.

17 Q. Okay.

18 A. The lady that performed it stated she
19 didn't know why I was here, that I did not need IOP.
20 She actually walked me and the person that was with me
21 next door and told the lady that they would not be
22 treating me.

23 Q. Okay. That's fine. I just simply asked
24 you if you had gone through fitness-for-duty exams.

25 A. No, I did not get this.

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1 Q. You didn't get the policy, but you went
2 through fitness-for-duty exams.

3 A. Well, I would have to say no. I had to
4 go through chemical dependence evaluations.

5 (Court Reporter marked
6 Defendants' Exhibit 11.)

7 BY MR. CAMPBELL:

8 Q. I'm handing you the attendance policy.
9 Were you aware of the attendance policy
10 at UH?

11 A. Not particularly. We were very confused
12 as to how their stuff worked because it was not really
13 explained. It was -- when we were told about the
14 merge or sell, nothing was really explained to us.

15 You know, we had four weeks' vacation.
16 We were told we were keeping our benefits, four weeks'
17 vacation, ten sick days, one personal day, all the
18 holidays.

19 Q. Uh-huh.

20 A. So a lot of us did not even understand
21 about PTO.

22 Q. Okay.

23 A. We thought, hey, we still had our four
24 weeks, we had our ten days, we had our personal day.

25 Q. Okay. Understood. Obviously we're going

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1 as a policy. You know, she handwrote --

2 Q. Okay.

3 A. -- "2 years."

4 Q. Okay. Understood. But she had wrote it
5 before you signed it.

6 A. I questioned her about that.

7 Q. Okay. That's fair.

8 Page 2 goes through some of the other,
9 what your requirements were in the EAP program.

10 A. And I did so every -- I followed and
11 she -- I asked Mr. McGrady [sic] if she'd ever called
12 to see if I followed up on me going to my appointments
13 and he said no.

14 Q. Okay. And then Page 3 looks like this is
15 that original referral form for the Tier 1 mandatory
16 referral to the EAP.

17 A. Yes. This is what I was referring to.

18 Q. Okay. So I just wanted to show you that.
19 That was the EAP program. Now, from that point on,
20 you were back to work, but you had to participate in
21 some requirements for the EAP program, right?

22 A. Yes.

23 Q. Okay. One of those were that you had
24 random drug testing.

25 A. Yes.

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1 Q. Is it fair to say that you missed -- you
2 were absent on the number of the days you had random
3 testing?

4 A. Those days were either migraines, because
5 I got a phone call from Georgena one day, I could
6 barely lift my head off the pillow. And she said,
7 "You have to go test."

8 I told her, "If you want my urine, come
9 and get it. I'm not going to jeopardize my life and
10 somebody else's life."

11 I had to call in three days a week,
12 Monday, Wednesday, and Friday. This was probably,
13 say, a Monday.

14 Q. Uh-huh.

15 A. So I called in on a Wednesday and a
16 Friday. They had two other days that week to have me
17 go test and they waited until the following week.

18 Q. Okay. My only question to you was, you
19 missed -- on a number of days when they said this is
20 your day to test, you missed, I would say, five or ten
21 of those days.

22 A. Those were probably covered under the
23 FMLA.

24 Q. I'm not questioning whether they were
25 FMLA. But you were notified of a drug test and then

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1 you would miss, whether you were FMLA, absence,
2 vacation, or whatnot.

3 A. Well, I can't go drug test somewhere if
4 I'm on vacation, sir.

5 Q. Well, you're saying that every one of
6 those tests they called you on, you were on vacation,
7 that you missed?

8 A. No.

9 Q. Okay.

10 A. But what I am saying was they still had
11 two other days to have me go test and waited till the
12 following week.

13 Q. Okay. Well, I guess I just have to say,
14 just show the process. Because you're saying the
15 process may not have been fair.

16 If you got a call that, "Hey, you have a
17 drug test today," you could just simply call in and
18 say, "I have a migraine and I'm going to be out on
19 FMLA today," right, and not go to your drug test?

20 I'm not saying you didn't have a
21 migraine, but you were allowed to miss it if you said
22 you had an FMLA reason or were sick or anything like
23 that, right?

24 A. Correct.

25 Q. Okay. I'm just saying, you had to go to

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1 the testing, but there were many days where they said,
2 "Hey, we'd like you to be tested" and you said it was
3 migraines or back or some issue that you had to miss.

4 A. But I still never failed none of their
5 tests.

6 Q. Okay. Let me ask you. Were you aware
7 that a number of the tests came back that, although
8 you were on the prescription, that your use was far
9 above the prescription use?

10 A. Yes. And the last test I got, the MRO
11 doctor called me. It was a different doctor. And he
12 was talking to me about that, and I said, "You are the
13 first one," because it was usually a female, "that has
14 ever called me and advised me of that."

15 And he said, "We are supposed to advise
16 you before we advise your employer." I talked to my
17 psychologist who prescribed the medication.

18 Q. What medication --

19 A. Xanax.

20 Q. -- were you being prescribed during the
21 course -- okay.

22 And you're saying that the Xanax -- how
23 did you -- I mean, from what I'm seeing -- and I'm
24 going to give you the records before -- from what I
25 saw, it wasn't just once. It was a number of times

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1 Q. Now, did you advise -- who prescribed the
2 Xanax at some point? Because --

3 A. Dr. Rana. Well, originally, it was my --
4 it was a doctor filling in for my C&P because of due
5 to everything that started in July of 2016, I was an
6 emotional wreck.

7 Q. Okay.

8 A. So he put me on all this medication. And
9 then my nurse practitioner had me go have a
10 psychiatrist, which is Dr. Rana, manage my medication.

11 Q. Okay. Let me ask you this way. When you
12 went into rehab in January of 2016 -- remember that
13 testimony of that event?

14 A. Yes.

15 Q. Your intake documents showed you were
16 taking Xanax but you didn't have a prescription then,
17 right?

18 A. Correct.

19 Q. So I have to say, if it was your
20 physician who prescribed it to you post-rehab, was he
21 or she aware that you were taking it without a
22 prescription prior to your rehab?

23 A. Yes.

24 Q. Okay. And that did not raise any concern
25 for that physician?

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1 A. No.

2 Q. Okay. Because I will say when I look at
3 these documents and consider the fact that that was a
4 prescrip -- I mean, you realize that taking a
5 prescription without a prescription from a physician,
6 that's a crime, right?

7 A. Correct.

8 Q. Okay. I mean, that was a serious issue
9 to be taking Xanax without it. That's no different
10 than if you were going to buy an illegal drug off the
11 street, right? Right?

12 A. I'm not sure of the laws.

13 Q. Okay. It just raised my eyebrow, I
14 guess. Again, if I was the EAP program, had I seen
15 all those documents, I would have raised a concern
16 about that. Okay. And this is a positive drug
17 screen.

18 Were you ever told about this?

19 A. Yes. I told the truth about this to her
20 and to the MRO -- or, excuse me, the first person I
21 had the chemical dependency evaluation with.

22 Q. Okay. So I guess I would say this one
23 was positive as to Oxycontin, right?

24 A. Yes. And I stated why.

25 Q. Okay. And why?

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1 A. Because I had a 13-hour migraine.

2 Q. Okay.

3 A. And instead of going out to Blanchard
4 Valley Hospital due to the last incident when I had a
5 migraine and took my migraine meds, you know, the max
6 you can take, they told me I had an aneurysm and put
7 me in a Life Flight helicopter, and I did not have
8 one.

9 Q. Okay. Well, let's look at this --

10 A. So I had my husband get one Percocet from
11 his sister and try that instead of going to the
12 emergency room and ending up in another helicopter.

13 Q. Okay. Let's see what this says. So this
14 is right at the beginning of this EAP, right? This is
15 when you were telling me how wrong it was that they
16 would send you out to EAP, right?

17 A. Excuse me?

18 Q. This is in July of 2016 and this is when
19 you were telling me how wrong it was for them to send
20 you to the EAP program, right, to put you on that paid
21 leave?

22 A. This is the date when everything started
23 and I didn't know what was going on.

24 Q. Okay.

25 A. And I actually vomited all over their

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1 place because I was so upset.

2 Q. Okay. This is what you've been telling
3 me about the fitness-for-duty drug screen, right?

4 A. Correct.

5 Q. So this is when your counselors were
6 saying she might have relapsed. This is when your
7 supervisors were saying she doesn't seem to be
8 following tasks and her voice is slurred. So let's
9 see what this Well At Work says at this time.

10 So the first paragraph says that this
11 drug screen took place on July 12th, 2016, right?

12 A. Yes.

13 Q. Okay. And then as we go through this, it
14 says -- this is from Well At Work -- "She appeared
15 obviously sedated, slurring her words, sleepy, atoxic,
16 bending forward, leaning on the walls to support
17 herself walking, and vomited in the office while
18 speaking to the receptionist."

19 Did I read that right?

20 A. Yes.

21 Q. And you admit to all of that or some of
22 that?

23 A. Some of that.

24 Q. Okay. I mean, obviously that's
25 consistent with what UH was saying as to why you're

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1 going on the EAP program, right?

2 A. Not necessarily. I was so upset. You're
3 left alone for six months. You're doing everything,
4 you know, you're supposed to be doing and living life.

5 And then all of a sudden, you're slammed
6 with accusations of this and all of this stuff I
7 didn't even understand and couldn't figure out why it
8 was happening and nobody would tell me anything.

9 Q. Okay. Let's continue on here. It does
10 say about this 13-hour migraine and that you took two
11 Limitrex [sic] tablets.

12 A. Imitrex.

13 Q. Okay. And then as it goes on, it was
14 after you were notified, then you claim that you got a
15 pill bottle where there were some old medications for
16 traveling, including a few old left over. It looks
17 like those were the pills --

18 A. Xanax, yes.

19 Q. -- that had the -- well, at that point,
20 it says the alprazolam tablets.

21 A. That's, yeah, the same thing.

22 Q. Okay. You're saying that's Xanax?

23 A. Xanax. Alprazolam is a generic name for
24 Xanax.

25 Q. Okay. And then they found there was the

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1 presence of several prescriptions, weaning doses in
2 quantity over several months.

3 So I guess at this point, they're saying
4 that even what you reported is different than what
5 you're telling me now. At that time, you were
6 reporting something different than what you're telling
7 me now.

8 A. I don't know what you're saying.

9 Q. You told me initially that you just took
10 a tablet for a 13-hour migraine. This one is going
11 into that you had an old travel --

12 A. Yes. I admitted to them that I took a
13 Xanax and also I admitted to them that I got a
14 Percocet from my sister-in-law, which is the
15 oxycodone.

16 Q. Okay. Then it says that, at a later
17 appointment on October 25th, that you weren't slurring
18 your words.

19 A. There's a medical reason for this. It's
20 called laryngeal nerve palsy.

21 Q. And it just happens every now and then?

22 A. Yes.

23 Q. It just appears to be a drug test. So in
24 this case, you have a positive drug test and they're
25 reporting that you are slurring your speech and that

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1 when they're above therapeutic levels, you missed
2 many, many appointments.

3 A. How many?

4 Q. I went through the admissions and we had
5 it. It was not one day. It was three and four weeks
6 in a row where you missed.

7 A. Do you want to understand why?

8 Q. Absolutely.

9 A. Probably at that time I was having
10 injections in my back. So I had them in my neck and
11 my lower back.

12 Q. Okay.

13 A. Those are each different times. Then I
14 had the nerves burnt. So there are eight different
15 times. And like I said, once again, they had two
16 other days during that week to drug test me.

17 Q. Okay. Well, I will say this: Had you
18 submitted your paperwork, if it was truly for those
19 reasons, those days would have already been off for
20 FMLA and they wouldn't have been calling you to drug
21 test on those days. They would have known you were
22 out.

23 A. I called every day, Mondays, Wednesdays,
24 and Fridays, and I let Carrie -- she was the first
25 person who worked there -- know.

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1 permitted to continue to work during that time. If I
2 were the decision-maker, I'm telling you I would have
3 handled it differently.

4 Number two, I think it's absolutely
5 appropriate, everything they did from the records that
6 we went through. But we're here today not because she
7 didn't call your doctor. We're here because you've
8 sued saying that somehow that EAP program is
9 inappropriate.

10 And I'm asking you how in the world this
11 EAP program, you undergoing the testing each week, and
12 you being sent to that EAP program, under these facts
13 that we just went through, how in the world is that
14 EAP program at all inappropriate?

15 A. Because she told -- falsified information
16 and got me put into an IOP program that my counselor
17 told her I did not need.

18 Q. What is the IOP program?

19 A. Okay. Do you not understand?

20 Q. No, no. Tell me what this is so I
21 understand.

22 A. Depending on how many people show up for
23 the day, okay? You're all split into two rooms.
24 You're going to sit there and say this is my problem
25 for the day. I want to jump off the roof.

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1 Q. This is something in addition to the
2 testing?

3 A. No. This was IOP.

4 Q. Okay. When did it occur?

5 A. I had to go three times a week, five
6 weeks.

7 Q. Okay. When? In 2016?

8 A. Yes. That I was forced to go do or I
9 would have been fired.

10 Q. Okay.

11 A. And everybody goes around the room and
12 gives them advice or we'd go color or we'd have a
13 talent thing.

14 Q. Okay. Is there anything other than you
15 not liking the IOP program for these five weeks that
16 you think was done inappropriately to you with respect
17 to this EAP?

18 A. Yes.

19 Q. What?

20 A. Her telling that I left Arrowhead early,
21 I refused their IOP and EAP programs.

22 Q. Okay. Anything else?

23 A. And the violation of my HIPAA practices.

24 Q. Okay. So we just went through all these
25 things, and I'm going to abbreviate.

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1 So as we talked about at the beginning, I
2 just wanted to confirm that it's not as if you had
3 work restrictions during your employment at UH.

4 You just had FMLA absences, right?

5 A. In prior years, I had work restrictions.

6 Q. Well, your last two years of employment,
7 you didn't have any work restrictions.

8 A. Because I wasn't having a big issue with
9 my back, sir.

10 Q. Okay. Ma'am, you're alleging disability
11 discrimination in this case as somehow UH treated you
12 differently of did something as to your disability.

13 So I have to ask you, what is the
14 disability that you're alleging UH somehow treated you
15 differently based upon?

16 Do you need to speak with your counsel?
17 I want to have your answer, so if you need to take a
18 break to speak with your counsel, I'm fine with giving
19 you guys the opportunity to do that.

20 A. Yes.

21 MR. CAMPBELL: All right. We'll
22 take a break. We'll let the record
23 reflect that we have the question posed,
24 and when we come back, she can answer it.

25 MR. LANDRY: Can you read me

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1 back that question, please?

2 (Court Reporter read back the
3 previous question.)

4 (A brief recess was taken.)

5 THE WITNESS: Can you repeat the
6 question?

7 (Court Reporter read back the
8 previous question.)

9 THE WITNESS: Well, once they,
10 with my back, the migraines, they used
11 that I got myself help. That was used
12 against me.

13 Not only once, but twice did I
14 have to go through a chemical dependency
15 evaluation again in October and was told
16 I do not have a chemical-dependency
17 problem. It is mental health,
18 depression, anxiety, and PTSD by my
19 counselor, Mike McGrady.

20 BY MR. CAMPBELL:

21 Q. Okay. Anything else?

22 A. I don't believe so.

23 Q. Okay. Just to follow up briefly with it,
24 the back issues we talked about, you had that for at
25 least a decade. I'm not minimizing them, but you had

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1 them for a decade over your last ten years of
2 employment, right?

3 A. Longer than that.

4 Q. Okay. And you had no work restrictions
5 over your last two years, aside from you said every
6 now and then, you might need to lay down for your
7 back.

8 A. I've had injections.

9 Q. Okay.

10 A. Nerves burnt.

11 Q. Okay. Didn't have restrictions when you
12 were working over your last two years?

13 A. No.

14 Q. Okay.

15 A. I do not believe so.

16 Q. Okay.

17 A. Unless I see the FMLA papers.

18 Q. Okay. And then as to the migraines, you
19 had migraines for a number of years during your
20 employment?

21 A. Yes.

22 Q. You had FMLA paperwork and you took those
23 days off for your migraines, right?

24 A. Sir, if you can't hold your head up or
25 look at a computer, you have to go in a dark room.

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1 Q. I agree with you. You asked for and were
2 approved for FMLA because of your migraines, right?

3 A. Yes.

4 Q. And then on the chemical dependency, they
5 found out you were using the pain medication, couldn't
6 get off them. They let you go to rehab. They didn't
7 discharge you, right?

8 A. It's not that I couldn't get off of them.
9 I just didn't know how to properly do it without
10 harming myself.

11 Q. When you told them that in January of
12 2016, they did not discharge you at that time, right?

13 A. No.

14 Q. They didn't even put you in the EAP
15 program for six months thereafter, right?

16 A. Correct.

17 Q. Okay. And when they did, you tested
18 positive when you first went in, right?

19 A. Yes. And I told them why.

20 Q. Well, I guess I would say, if somebody
21 has -- I guess my question to you, and I have to ask
22 my own client this, but if I thought an employee, if I
23 was here and Don was acting erratically, and I thought
24 Don was acting erratically because he was on drugs and
25 I said, "Don, I'm going to make you go do a drug

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1 because I didn't sign it.

2 Q. You didn't sign it. Well, are you saying
3 they didn't talk to you about the final warning?

4 A. Not this one, sir.

5 Q. Not this one, okay. And this one, again,
6 this is one of those where you failed to report to
7 your scheduled EAP test, right?

8 A. Unless I can see the dates, I can't tell
9 you if I was supposed to have went on that date.

10 Q. Okay. So you disagree with that?

11 A. But like I've said multiple times, they
12 had three days a week to test me.

13 Q. Okay. I understand. But when they say
14 we're testing you on this day, you realize that some
15 people may not go to that test because it will come
16 out of their system for the later test, correct?

17 A. In two days?

18 Q. Well, I don't know what you're taking.
19 They don't know what you're taking.

20 It could be a variety of things, right?

21 A. They test for all kinds of stuff, so they
22 had ample time.

23 Q. Okay. I guess just to be clear on the
24 discharge, ultimately, you were aware that if FMLA
25 time wasn't approved for your San Antonio trip, that

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1 you didn't have any PTO time available, right?

2 A. My vacation was approved. It was
3 approved without pay. I have an e-mail that I
4 e-mailed David Ferko on October the 5th when we were
5 advised on when the graduation was. He approved it.

6 Then when my back went out of whack, he
7 said I can't -- I'll have to disallow it because we
8 have too much work to do. Go through military FMLA.

9 Q. Okay.

10 A. I submitted all the stuff. It was a
11 Friday at 4:00 when Stephanie Hodgkins called me. I
12 was leaving Monday.

13 (Court Reporter marked
14 Defendants' Exhibit 21.)

15 BY MR. CAMPBELL:

16 Q. Have you seen this e-mail before today?
17 It looks like something you produced.

18 A. Yes. That's when he took it out there.

19 Q. Okay. Well, this is when he's telling
20 you you don't have a vacation request on file and
21 you --

22 A. But it was already approved October 5th.

23 Q. Okay. Well, you were saying you found
24 out -- at this point, it's Monday the 6th.

25 A. This was from him. He said fill out

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1 through UH, FMLA and medical-- excuse me, military
2 leave.

3 Q. Okay. And ultimately, that leave was
4 denied, right?

5 A. Yeah, exactly.

6 Q. Okay. Right. And what was it that
7 they -- was it both sons or just one son was
8 graduating?

9 A. One. But the other one was coming, too.

10 Q. I understand. But what was he graduating
11 from?

12 A. Boot camp.

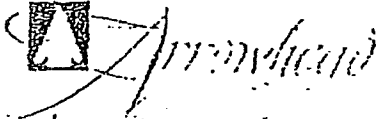
13 Q. Okay.

14 A. They tried to say he was not active duty
15 is why they denied it. He is active duty.

16 Q. They were saying he wasn't deployed,
17 correct?

18 A. On their forms, it says active duty or
19 called to active duty. And to go down there and be
20 part of military events, that is on their front page
21 of their military FMLA papers.

22 Q. Like I said, I think everybody respects
23 what your boys have done and they've done it with your
24 guidance. That's a great thing. But in this case,
25 you do understand -- and you may disagree with it, but



GREER, LAURA 046
M# 000025465 01/12/1970
NURSING ADMISSION# 10103030010 01/14/2016
ANTHEM BC/BS
DR. S. YECHOOR F IDL

LOC ✓ INPATIENT _____ PHP _____

Patient: Laura Greer Date: 1-14-16 Time: 1840

1. 46 Year Old F admitted to Room 213.1 by Dr. Yechoor

With a diagnosis of opiate dependence

2. Patient is: Pt. alert & oriented. Mood is stable. Denies
SF/HF. Vitals WNL. Gait is steady. Cooperative
during assessment.

3. Detox Protocol COW, Bendo

4. PSA- o Completed by assessment o To be done _____

5. Nursing Assessment Completed by Amy

6. Problem areas Identified:

a. Fall Risk

b. Chronic pain

c. _____

7. Admission Labs Ordered yes

8. EKG ordered no

9. Personal Belongings search and body search done by Amanda E Amy

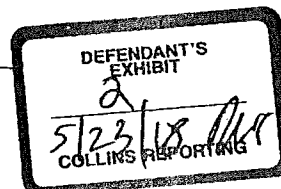
10. Patient states reason for admission is: "To get off heroin"

11. Oriented to the unit, encouraged to approach staff with questions or concerns by Amy

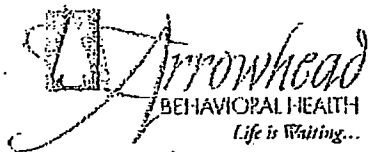
12. Other pertinent information

Signature: Hallstrom

1109



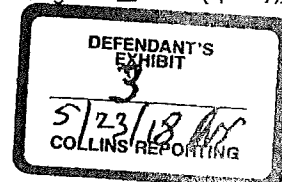
GREER 000235



GREER, LAURA 046
M# 000025465 01/12/1970
A# 10103030010 01/14/2016
ANTHEM BC/BS

Intake/Psychosocial Assessment DR. S. YECHOOR F IDL

Pa Name (First, MI, Last) <i>Laura Greer</i>		DOB and Age: <i>4/6 1-12-70</i>		Date: <i>7-14-16</i>	Time: <i>1320</i>
Pt accompanied by: <i>Husband</i>	Referral Source:	Legal Status: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	<input type="checkbox"/> Wandering Completed Items obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,		<input type="checkbox"/> Belongings secured
Legal Guardian/Custodian/POA <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Legal Guardian/Custodian/POA _____ Phone # _____					
Family Involvement: <input type="checkbox"/> Patient wishes to involve _____ In treatment _____ (relation) <input type="checkbox"/> Release of information completed <input checked="" type="checkbox"/> None Reported					
PRESENTING PROBLEM (Noting Precipitating Incident, Major Symptoms, Stressors: Family, Job, School, Relationships, Health, Financial, Disruptions of Lifestyle, Legal) <i>Pt reports addiction to Percocet. Pt reports using 10-20 pills daily.</i>					
Alcohol/Drug History					
AUDIT-C How often do you have a drink containing alcohol? <input type="checkbox"/> Never (0) <input type="checkbox"/> Monthly or less (1) <input type="checkbox"/> 2-4 times a month (2) <input type="checkbox"/> 2-3 times a week (3) <input type="checkbox"/> 4 or more times a week (4) How many drinks containing alcohol do you have on a typical day when drinking? <input checked="" type="checkbox"/> 1 or 2 (0) <input type="checkbox"/> 3 or 4 (1) <input type="checkbox"/> 5 or 6 (2) <input type="checkbox"/> 7 to 9 (3) <input type="checkbox"/> 10 or more (4) How often do you have six or more drinks on one occasion? <input checked="" type="checkbox"/> Never (0) <input type="checkbox"/> Less than monthly (1) <input type="checkbox"/> Monthly (2) <input type="checkbox"/> Weekly (3) <input type="checkbox"/> Daily or almost daily (4) Total Score: <i>0</i> The AUDIT-C is scored on a scale of 0-12. Each question above is scored from 0 to 4 (the scores are in parentheses next to each response). In men, a score of 4 or more is considered positive for identifying hazardous drinking or active alcohol use disorders. In women, a score of 3 or more is considered positive. If all of the points are from the first question and the second and third question score 0, the patient's intake over the past few months should be reviewed to confirm accuracy.					
Illegal drug use/abuse past 12 months? Prescription drug abuse past 12 months?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Alcohol abuse past 12 months? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Toxicology screen/breathalyzer completed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, results:					
Cocaine <input type="checkbox"/> Negative <input type="checkbox"/> Positive THC <input type="checkbox"/> Negative <input type="checkbox"/> Positive Methamphetamines <input type="checkbox"/> Negative <input type="checkbox"/> Positive Opiate <input type="checkbox"/> Negative <input type="checkbox"/> Positive Oxycodone <input type="checkbox"/> Negative <input type="checkbox"/> Positive MDMA <input type="checkbox"/> Negative <input type="checkbox"/> Positive Amphetamines <input type="checkbox"/> Negative <input type="checkbox"/> Positive Benzodiazepines <input type="checkbox"/> Negative <input type="checkbox"/> Positive Buprenorphine <input type="checkbox"/> Negative <input type="checkbox"/> Positive Methadone <input type="checkbox"/> Negative <input type="checkbox"/> Positive		<input type="checkbox"/> Patient unable to provide at time of assessment BAL: <i>0.0</i>			
Presenting with detox symptoms <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, check all symptoms that apply:					
<input type="checkbox"/> Tremors <input type="checkbox"/> Vomiting <input type="checkbox"/> Runny nose <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea <input type="checkbox"/> Chills <input type="checkbox"/> Headache <input type="checkbox"/> Restless <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Body aches <input type="checkbox"/> Fever <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Sweats <input type="checkbox"/> Dizziness <input type="checkbox"/> Elevated vital signs <input type="checkbox"/> Other (specify) _____					



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Drug/Substance/Alcohol/Tobacco	Age of First Use	Date of Last Use	Amount	Frequency of Use	Pattern of use (Time of day)	How long using at reported rate	Method (oral, inhale, inject)
Tobacco <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	14	today	1/2 pk	daily	various	years	Inhaler
Alc. <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Marijuana <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Cocaine/crack <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Opiates: Heroin <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Oxycontin <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Percocet <input type="checkbox"/> yes <input type="checkbox"/> no	38	1-14-16	(Pills 7-10-15 & 30's) 10-20 mg pills	daily	various	8 yrs	Oral
Vicodin <input type="checkbox"/> yes <input type="checkbox"/> no							
Morphine <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Methadone <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Fentanyl <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Opana <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Suboxone <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Other <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Inhalants <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Benzodiazepines: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no							
Xanax <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		unsure today	3-4	daily	various	when I have it	oral
Valium <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Ativan <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Klonopin <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Other <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Amphetamines <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Barbiturates <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Hallucinogens <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
Other (i.e. K2/K4/Bath salts) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no							
History of overdose? <input checked="" type="checkbox"/> No <input type="checkbox"/> yes if yes: <input type="checkbox"/> accidental <input type="checkbox"/> intentional When: On what:							

Drug of Choice:

Percocet

Longest Sobriety

now

When:

Has patient ever tried to quit using on their own? ☒ No ☐ Yes # of timesHistory of Black outs: ☒ No ☐ Yes How Often?History of withdrawal seizures: ☒ No ☐ Yes When?History of DT's: ☒ No ☐ YesHistory of relapse with the past 6 months ☒ No ☐ Yes If Yes, please describe:

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Alcohol/Drug Treatment History			
<input checked="" type="checkbox"/> None Reported			
Name of Provider Agency	Date of Service	Type of Service	Successful or Unsuccessful Discharge
Consequences of AoD use:			
Has patient's use impacted MH, medical conditions; family relationships (concern shown, expressed) and/or employment?			
<input type="checkbox"/> No consequences <input checked="" type="checkbox"/> Family problems <input type="checkbox"/> Marital problems/stress <input type="checkbox"/> Loss of employment <input type="checkbox"/> Work attendance <input type="checkbox"/> Job performance <input checked="" type="checkbox"/> Problems functioning <input type="checkbox"/> Poor motivation <input type="checkbox"/> Legal charges <input type="checkbox"/> Custody issues <input type="checkbox"/> Medical <input type="checkbox"/> Hospitalization <input type="checkbox"/> Mental health			
If yes, describe:			
Community Supports/Self Help Groups: (AA, NA, NAMIO, etc.) Sponsor: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Mental Health Treatment History			
<input type="checkbox"/> None Reported			
Agency	Check if Current	Past (Date)	Clinician Name/Psychiatrist
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Psychiatric Hospitalizations: <input checked="" type="checkbox"/> None Reported		Number of Psychiatric hospitalizations: <u>0</u>	
Hospital (list most recent)	Date of Service	Reason (suicidal, depressed, etc.)	
Previous or Current Diagnoses (if known) <input checked="" type="checkbox"/> None Reported			
Past Psychotropic Medications			
<input type="checkbox"/> None Reported			
Psychotropic Medications	Reason for Discontinuation		

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Suicide Risk Assessment

Do you currently have thoughts of death or suicide? ☐ Yes ☒ No

If yes, Description of positive findings: _____

How strong is your desire to die? ☐ Strong ☐ Moderate ☐ Weak ☒ NoneHow strong is your desire to live? ☐ None ☐ Weak ☐ Moderate ☒ StrongHave you had any thoughts of death or suicide in the past? ☒ Yes ☐ No If yes, how long ago? years agoAre your thoughts ☐ Increasing ☐ Decreasing ☐ Staying constant ☒ N/ADo you have current intent to act? ☐ Yes ☒ NoDo you have a current plan? ☐ Yes ☒ No If yes, specify: _____

When: _____ Where: _____

Method: _____ Current access to means ☐ Yes ☒ NoHave you had rehearsal behaviors? ☐ Yes ☒ No If yes, specify (i.e. putting a gun to h
neck, etc) _____Have you had any prior attempts ☐ Yes ☒ NoIf yes, specify method: ☐ Overdose ☐ Cutting ☐ Hanging ☐ MVA ☐ ShootingLevel of Risk: ☐ High ☐ Moderate ☒ Low

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DANGER TO OTHERS:
(Current and History)Homicidal ideation or threats?
☐ Yes ☒ No

Who is threatened? _____

Specific Plan? ☐ Yes ☐ No

Plan: _____

History of homicide attempts? ☐ Yes ☒ No

When: _____

Method: _____

Towards whom: _____

Thoughts of aggression? ☐ Yes ☒ No

Describe: _____

Towards whom: _____

History of aggression: ☐ Yes ☒ No

Method: _____

Towards whom: _____

ACCESS TO GUN OR IDENTIFIED
MEANS OF SELF HARMDoes the patient have access to lethal means (meds or weapons) of self harm? ☐ Yes ☒ No
(If so, go to the next box and mark risk factor below. If no, go to next session.)Is there someone we can contact to remove or secure the above? ☐ Yes ☒ No

Name: _____ Phone: _____

Contact made date/time: _____ Staff Signature: _____

PRESENCE OF RISK FACTORS

☐ Psych admits in last yr☐ Current drug/alcohol abuse
withdrawal☐ Family history of completed
or attempted suicide☐ Severe insomnia☐ History of reckless or self-
destructive☐ Serious medical illness or
persistent pain☐ Rapid mood shifts☐ Joylessness,
hopelessness, anhedonia☒ Recent or impending loss
of social, emotional, physical,
or financial security☐ Vegetative symptoms☐ Command Hallucinations☐ Early marriage☐ Other _____Eloement Risk Factors: ☐ History of Elopement ☐ Involuntary Status ☐ Impulsivity ☒ Impaired Judgment ☐ None

PROTECTIVE FACTORS			
Can you verbalize reasons for living? <input type="checkbox"/> Dependent children <input type="checkbox"/> Social Supports <input type="checkbox"/> Active religious faith Other (specify) <u>Family</u>			
Do you have proven problem solving and coping skill? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes describe <u>Solvent</u>			
Do you have cultural or religious prohibitions against suicide? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes describe: <u>Solvent</u>			
Can you tell me some positive plans for the future? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes describe: <u>Solvent</u>			
Can you visualize or conceive of life improving? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Can you think of actions you can take to improve your current situation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please describe: <u>Solvent</u>			
Have you been able to establish a working alliance with a treating professional(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes please describe:			
Trauma History (describe in comments section each element checked)			
Have you ever been in a serious car accident or fire related event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Have you or someone close to you, ever been seriously injured or gravely ill? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Have you ever experienced a natural disaster? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Have you ever had someone close to you die? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>Byrsago mondual</u>			
Do you have trauma related symptoms? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, <input type="checkbox"/> Flashbacks <input type="checkbox"/> Nightmares <input type="checkbox"/> Obsessive thoughts related to trauma <input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Other: _____			
<input type="checkbox"/> None Reported			
If yes, please describe			
Abuse History (describe in comments section each element checked)			
<input type="checkbox"/> No Self Reported History of Abuse/Violence <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Current <input type="checkbox"/> History of, date _____	<input type="checkbox"/> Domestic Violence/Abuse <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Current <input type="checkbox"/> History of, date _____	<input type="checkbox"/> Community Violence <input type="checkbox"/> Sexual Abuse/Molestation <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Current <input type="checkbox"/> History of, date _____
	Describe (Identify if client was/is a victim of abuse or a perpetrator or both) <u>Ex husband - Verbal / physical abuse</u>		
	SEXUAL ACTING OUT RISK FACTORS (Explain any "yes" responses) Have you ever forced sex on another person, touched others sexually without their permission, or exposed yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, describe the circumstances): Have you ever been investigated for, charged with, or convicted of a sexual offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, nature of offense and what year offense occurred):		
	Psychosocial Assessment		
Living Situation My Home: <input type="checkbox"/> Rent <input checked="" type="checkbox"/> Own <input type="checkbox"/> Relative's/Guardian's Home <input type="checkbox"/> Transitional housing/ halfway house <input type="checkbox"/> Homeless Living with Friend <input type="checkbox"/> Homeless in Shelter/No Residence <input type="checkbox"/> Other: _____			
Household Members	Relationship	Current Substance Use (i.e. etoh, THC, opiates)	Previous Substance Use (i.e. etoh, THC, opiates)
	Husband	AD	AD Husband Take
	Son	AD	AD Recreational

Social Information	
Primary/Family/Marital/Significant Other Support Systems:	
Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Current partners name: <u>Raul</u>	Length of current relationship <input type="checkbox"/> N/A
Current relationship: <input checked="" type="checkbox"/> Stable relationship <input type="checkbox"/> Significant other supportive of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are you a caretaker for anyone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes who: _____ Is anyone taking care of that individual while you are here? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
# of children <u>2</u>	<input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted
Comments _____	
Primary supportive family member or friend: <u>Boys & Husband</u>	
Pertinent Family History: (to include family MH and AoD history)	
<u>Father - ETOA, oldest Brother ETOA.</u>	
Childhood History:	
Father figure: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster	
Describe your current relationship: <u>don't have a relationship</u>	
Mother figure: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster	
Describe your current relationship: <u>passed away 3 yrs ago</u>	
Siblings: Biological <u>2</u> Half _____ Step _____ Adopted _____ Foster _____	
How do you get along with your siblings? (impact use has on relationships): <u>Good</u>	
Education History (check all that apply) <input type="checkbox"/> GED <input checked="" type="checkbox"/> HS Grad	
<input type="checkbox"/> If neither state last year completed: _____ if dropped out, why _____	
<input type="checkbox"/> College /Degree: _____ <input type="checkbox"/> Vocational/Trade Completed <input type="checkbox"/> Other Degree: _____	
History of Learning Difficulties <input type="checkbox"/> None Reported <input type="checkbox"/> Learning Disability/Type: _____ <input type="checkbox"/> Mental Retardation	
<input type="checkbox"/> ADD/ADH <input type="checkbox"/> Reading / Writing <input type="checkbox"/> Other: _____	
Employment (check all that apply)	
<input checked="" type="checkbox"/> Full Time (35 hrs. or more per week) <input type="checkbox"/> Part Time (<35 hrs. per week) <input type="checkbox"/> Unemployed/Other: _____	
Not in Labor Force	
<input type="checkbox"/> Disabled, reason _____	
<input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student (<input type="checkbox"/> F/T <input type="checkbox"/> P/T) <input type="checkbox"/> Living in Institution	
<input type="checkbox"/> Other: _____	
If employed, name of employer: <u>Health Design Plus</u>	<input type="checkbox"/> Length of Current Employment: <u>15 yrs</u>
Job Title: <u>Senior Claims Examiner</u> Any Professional Licensure: _____	
(If Licensed with Ohio Medical Board; notify Clinical Director immediately)	
Clinical Director Notified: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Attendance	
<input type="checkbox"/> Above Average <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Tardiness <input type="checkbox"/> Absenteeism	
Performance	
<input type="checkbox"/> Exemplary <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average	
Occupational Stressors: <input checked="" type="checkbox"/> No problems <input type="checkbox"/> Problems functioning <input type="checkbox"/> supervisor conflict <input type="checkbox"/> peer conflict <input type="checkbox"/> employment in jeopardy	
<input type="checkbox"/> loss of license	

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Military History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, has the patient served in combat? _____ <input type="checkbox"/> Active Duty <input type="checkbox"/> Reservist; Branch: _____	
Current Legal Status <input checked="" type="checkbox"/> Is Reported <input type="checkbox"/> Court Ordered to Treatment <input type="checkbox"/> Awaiting Charge <input type="checkbox"/> AoD <input type="checkbox"/> On Probation; If yes county: _____ Probation Office: _____ Phone Number: _____	
Friendships/Social Support Relationships: <input type="checkbox"/> Forms Relationships <input type="checkbox"/> Maintains friendships <input type="checkbox"/> Supportive Friends <input type="checkbox"/> Attends <input type="checkbox"/> Needs social interaction <input type="checkbox"/> Limited Support System <input checked="" type="checkbox"/> No close friends <input type="checkbox"/> Socially isolated <input type="checkbox"/> Sober support Comments:	
Religion/Spirituality: (include any customs or practices staff may need to assist with) Spiritual Preference: <u>None</u> <input type="checkbox"/> Attends services regularly <input type="checkbox"/> Source of Support <input type="checkbox"/> Actively Involved <input type="checkbox"/> Source of Concern <input type="checkbox"/> Does not attend <input type="checkbox"/> Request clergy visit	
Meaningful Activities: (community involvement, volunteer activities, leisure/recreation, other interests) <u>denis</u>	
Limitations of Activities of Daily Living: (include information relating to financial status, transportation issues, anxiety, etc.) (name at least 2) <u>Poor motivation, depression</u>	
Strengths/Capabilities: (name at least two) 1. <u>hard worker</u> 2. _____	
Problems Checklist Including Functional Domains	
Nutritional/Eating Pattern Changes/Disorders <input type="checkbox"/> No problems Type of diet <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____ <input type="checkbox"/> No changes <input type="checkbox"/> Increased appetite <input checked="" type="checkbox"/> Decreased appetite <input type="checkbox"/> Loss/gain of 10 lbs or more in last month History of eating disorder: <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Binging <input type="checkbox"/> Compulsive eating. Use of <input type="checkbox"/> Laxatives <input type="checkbox"/> Diet Pills <input type="checkbox"/> Diuretics Describe:	
Sleep Problems <input type="checkbox"/> No problems <input type="checkbox"/> Not sleeping <input checked="" type="checkbox"/> Trouble sleeping <input type="checkbox"/> Frequent awakening <input type="checkbox"/> Sleeping more often <input type="checkbox"/> Restless <input type="checkbox"/> Night mares <input type="checkbox"/> Night terrors Describe:	
Depressed Mood/Sad: <input type="checkbox"/> None reported <input type="checkbox"/> Suicidal <input type="checkbox"/> Frequent crying <input checked="" type="checkbox"/> Loss of energy <input checked="" type="checkbox"/> Loss of motivation <input checked="" type="checkbox"/> Changes in appetite <input type="checkbox"/> Recurrent thoughts of death <input type="checkbox"/> Agitated/irritable mood <input type="checkbox"/> Poor self-care <input type="checkbox"/> Hopeless/helpless <input checked="" type="checkbox"/> Sad mood <input type="checkbox"/> Self Injurious behaviors <input type="checkbox"/> Excessive guilt <input checked="" type="checkbox"/> Grieving Duration: _____ Describe:	
Anxiety: <input type="checkbox"/> None reported <input type="checkbox"/> Panic attacks-how often _____ <input type="checkbox"/> Sweating <input type="checkbox"/> Nausea <input type="checkbox"/> Trembling <input type="checkbox"/> Dizziness <input type="checkbox"/> Chest pain/discomfort <input type="checkbox"/> Fear of losing control <input type="checkbox"/> Poor concentration Duration: _____ Describe: <u>daily</u>	
Manic Episode: <input type="checkbox"/> None reported <input type="checkbox"/> Elevated, expansive mood <input type="checkbox"/> Racing thoughts <input type="checkbox"/> Inflated self-esteem/grandiose <input type="checkbox"/> Excessive involvement in pleasurable activities <input type="checkbox"/> Psychomotor agitation Duration: _____ Describe:	
Pain Management: Any pain related issues: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes explain: <u>Back/neck legs</u> How do you address your pain?	
Bereavement Issues <input type="checkbox"/> none reported <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes explain: <u>Mom died 3 yrs ago</u>	

Fall history ☒ yes ☐ no
If yes, date of last fall: Nov 17, 2017 Medical treatment needed: Yes

Medical History: ☐ No ☐ Yes If yes, describe: Vit B12 deficiency

Allergies: ☐ No ☐ Yes If yes, describe: Penicillin, Sulfa, Vit D deficiency

Us: Oxygen: ☒ No ☐ Yes If yes, patient is on _____ liters of Oxygen

Assistive devices: ☒ No ☐ Yes If yes, ☐ Walker ☐ Cane ☐ Wheelchair ☐ Crutches ☐ Motorized Wheelchair ☐ Other:

Compliant with prescribed medications: ☐ Yes ☒ No

List of home medications brought: ☒ Yes ☐ No

Pharmacy: Walgreens Primary Care Physician: ☐ Yes ☒ No If yes, Date of last visit: Dr. William Hogan

Clinical Interpretive Summary

This Clinical Interpretive Summary is based upon information provided by (check all that apply):

☐ Physician ☐ Guardian ☐ Family/Friend ☒ Patient/Client ☐ Other:

☐ Service Provider ☐ Records

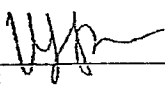
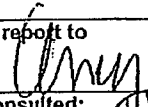
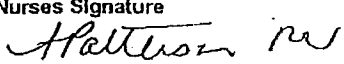
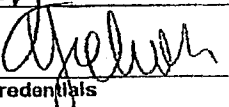
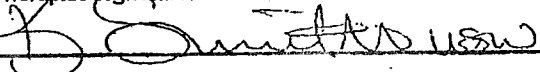
Initial Medical Screen	
Assess Vital Signs	Unstable Values (medical consult required)
Temperature <u>98.4</u>	<input type="checkbox"/> Temp > 101
Blood Pressure <u>90/60</u>	<input type="checkbox"/> Systolic <90 or >180 <input type="checkbox"/> Diastolic >100
Pulse <u>60</u>	<input type="checkbox"/> Irregular pulse <input type="checkbox"/> Pulse <50 or >140 <input type="checkbox"/> Patient in active withdrawal
Gait <u>WNL</u>	<input type="checkbox"/> Unbalanced while standing/walking <input type="checkbox"/> Swaying while sitting
Respirations <u>WNL</u>	<input type="checkbox"/> Labored breathing <input type="checkbox"/> Shallow Breathing <input type="checkbox"/> Shortness of breath
Current Pain (1-10) <u>6</u>	<input type="checkbox"/> Notify physician if patient reports any pain <u>Back & Leg</u>
<input type="checkbox"/> Pregnant <input type="checkbox"/> Recent head injury <input type="checkbox"/> Tuberculosis Screen <input type="checkbox"/> Lactating <input type="checkbox"/> Recent loss of consciousness <input type="checkbox"/> History of active TB <input type="checkbox"/> Any likelihood you might be pregnant <input type="checkbox"/> Recent or active seizures <input type="checkbox"/> Persistent cough >3 weeks <input type="checkbox"/> Currently/recently been treated for an infection or treated with an antibiotic <input type="checkbox"/> Sudden onset of psychosis <input type="checkbox"/> Afternoon or night sweats <input type="checkbox"/> Overdose without medical clearance <input type="checkbox"/> Fever in afternoon	
<input type="checkbox"/> History of contagious infection, if marked; specify date and infection if known: <u>NO</u> <input type="checkbox"/> History of bed bugs, if marked; specify date: <u>NO</u> <input type="checkbox"/> History of MRSA or Staph infection, if marked; specify date: <u>NO</u> <input type="checkbox"/> No reports of above mentioned concerns	

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Narrative Summary – Include etiology of presenting problem and maintenance of the problem; mental health history; AoD history; severity of problem:

Pt reports addiction to Percocet using up to 20 pills daily. States she also takes multiple Xanax daily that are not Rx'd to her. She reports family concern of poor energy, no motivation, & realized now that she has a problem & is seeking tx for first time. Dr. Yechoor admitting for detox.

Signatures		
Provider Signature/Credentials:		Date/Time 1-14-16 14
Supervisor Signature/Credentials:		Date/Time
Complete below only if inpatient admit is ordered by physician		
Nurse given report to 	Nurses Signature 	Date/Time 1-14-16 14:25
Physician consulted: 		Date/Time 1-14-16 14:01
Physician Signature/Credentials		Date/Time
Assigned Therapist Signature: 		Date/Time 1/16/16 1731

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Mental Status Examination				
Appearance:	<input type="checkbox"/> Well Groomed	<input type="checkbox"/> unkempt	<input checked="" type="checkbox"/> Disheveled	<input type="checkbox"/> Malodorous
Eye Contact:	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Avoidant	<input type="checkbox"/> Intense	
Speech:	<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Slurred	<input type="checkbox"/> Pressured	<input type="checkbox"/> Rapid
Thought Process:	<input checked="" type="checkbox"/> Logical	<input type="checkbox"/> Loose	<input type="checkbox"/> Blocked	<input type="checkbox"/> Disorganized
Behavior:	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Resistant	<input type="checkbox"/> Agitated	<input checked="" type="checkbox"/> Sedated
Mood:	<input type="checkbox"/> Euthymic	<input checked="" type="checkbox"/> Depressed	<input type="checkbox"/> Anxious	<input type="checkbox"/> Irritable <input type="checkbox"/> Labile
Affect:	<input type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input checked="" type="checkbox"/> Flat	<input type="checkbox"/> Labile
Insight:	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Responses	<input type="checkbox"/> Verbalizes understanding	<input checked="" type="checkbox"/> Verbalizes Partially	<input type="checkbox"/> Difficulty staying on task	

Transfer/ Clearance at Medical Surgical Hospital: <input type="checkbox"/> Unstable Medical condition, which requires immediate treatment <input type="checkbox"/> Medical clearance required before psychiatric or AoD treatment can proceed	Acute Inpatient: <input type="checkbox"/> Acute psychiatric condition requires 24 hr oversight <input type="checkbox"/> Potential danger to self or others <input checked="" type="checkbox"/> Less intensive treatment not safe or feasible <input checked="" type="checkbox"/> Grave disability with severe deterioration in functioning <input type="checkbox"/> Condition requires medically monitored detoxification	Partial Hospitalization: <input type="checkbox"/> Requires physician-led, multidisciplinary treatment interventions <input type="checkbox"/> Condition would worsen without PHP structured treatment	Intensive Outpatient: <input type="checkbox"/> Requires structured multidisciplinary interventions <input type="checkbox"/> Outpatient/ community referral: _____
--	---	---	--

Preliminary Diagnosis <input checked="" type="checkbox"/> DSM-V Codes (or successor)	
Principle diagnosis (formerly Axis I, II, and III): F1120 Opiate Use Disorder; Severe F1300 Sedative / Hypnotic / Anxiolytic Use Disorder Moderate	
Psychosocial Contextual Factors (formerly Axis IV): Severe	

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 A# 10103030010 01/14/2016
 ANTHEM BC/BS
 DR. S. YECHOOR F IDL

GREER 000290

Social Services Therapy Note

Patient Name: Laura Greer	
Date: 1/17/16	Time: 1500-1509
Type of Note: <input checked="" type="checkbox"/> 1:1 <input checked="" type="checkbox"/> Treatment Plan Update <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Crisis Intervention	
<input type="checkbox"/> Discharge Note <input type="checkbox"/> Family Session <input type="checkbox"/> Narrative Note <input type="checkbox"/> Other:	

Individual Patient Observations

Behavior:	<input type="checkbox"/> Active	<input type="checkbox"/> Resistant	<input checked="" type="checkbox"/> Anxious	<input type="checkbox"/> Agitated
	<input type="checkbox"/> Limited	<input type="checkbox"/> Intrusive	<input checked="" type="checkbox"/> Inappropriate	<input type="checkbox"/> Guarded
	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Monopolizing	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Tearful
	<input type="checkbox"/> Attentive	<input type="checkbox"/> Drowsy	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Responsive With Prompting
Affect:	<input type="checkbox"/> Full Range	<input checked="" type="checkbox"/> Elated	<input type="checkbox"/> Blunted	<input type="checkbox"/> Incongruent
	<input type="checkbox"/> Alert	<input checked="" type="checkbox"/> Superficial	<input type="checkbox"/> Bright	<input type="checkbox"/> Restricted
	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile		
Cognition:	<input type="checkbox"/> Logical	<input type="checkbox"/> Preoccupied	<input type="checkbox"/> Loose Associations	<input checked="" type="checkbox"/> Tangential
	<input type="checkbox"/> Insightful	<input type="checkbox"/> Blocking	<input type="checkbox"/> Delusional	<input type="checkbox"/> Circumstantial
	<input type="checkbox"/> Coherent	<input type="checkbox"/> Confused	<input type="checkbox"/> Distracted	<input type="checkbox"/> Hallucinating
	<input type="checkbox"/> No observations if Narrative Note			

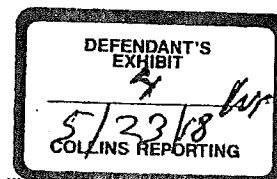
Treatment Goals Addressed (if applicable): <input checked="" type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health
<input type="checkbox"/> Other:
Response/ Progress: Writer met with client to review and complete discharge plan and reviewed aftercare options, client reported she doesn't need to "rack up a large bill, doesn't need medication, has no aftercare plan" Staff attempted to provide support, recommended aftercare / follow up, client declined, reported she will follow up with her pain management provider and tell them "No more pills" Displayed rapid speech and tangential thought process, difficult to redirect.

Facilitator's Signature and Credentials: *[Signature]*

Date/Time: 1/17/16 1600

Co-Facilitator's Signature and Credentials: _____

Date/Time: _____



NURSING DISCHARGE NOTE

Discharge Type: Laura G. (Routine, Medical, AMA, Administrative)Patient: Laura Greer Date: 1-17-16 Time: 1400

1. Patient Discharged to: home
2. Discharge Placement: Decline outpt
3. Discharge Summary Instructions completed, reviewed, and signed.
Copy given to the Patient: mm
4. Belongings returned to patient
 a. Safe N/A (initials)
 b. Locked Cupboard: mm (initials)
 c. Patient Bin: mm (initials)
 d. Storage: mm (initials)

Returned to ABH:
Xtenex Shoe Laces _____ (initials)5. Medications returned by mmmm RN

6. Releases signed:

- a. med her
- b. crisis plan
- c. pk plan

7. Copies of Labs, EKG reviewed and given to patient labs

8. Other pertinent information / Progress Summary

AA / NA Followup - TRUE
Nancy Martin MD Followup - TRUE
Decline OP - FALSE

Discharge Nurse Signature: mmmm RN9. Escorted to the door by _____ Date: 1-17-16 Time: _____

Signature: _____

Form Title: Nursing Discharge Form
 Revised: 8/2015
 File In: Progress notes/Nursing
 Arrowhead Behavioral Health

GREER, LAURA 046
 M# 000025465 01/12/1970
 A# 10103030010 01/14/2016
 ANTHEM BC/BS
 DR. S. YECHOOR F IDL

Date Completed 1/17/16

Date/Time of Scheduled Discharge _____

Reason for D/C: ☐ Successfully completed treatment ☐ Against Medical Advice ☐ Medical ☐ Administrative
Other _____

Contact/Reason for Appointment	Address	Phone #	Appt. Time & Date	Releases signed	Refused Release	Appt. Refused
Psychiatrist:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Therapist:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outpatient Program: Declines Outpt AA + NA in area				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Physician Nancy Martin Reason: PCP	7595 Cord. Findlay 236 OH 45840	419. 427. 1984		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Suboxone Support: N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Referral Source:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Arrowhead Behavioral Health Crisis Hotline: 1-800-547-5695

Suicide Hotline: 1-800-273-TALK (8255)

www.toledoa.com A.A. Central Office 419-380-9862

Signature indicates discharge plans have been completed and agreed upon and acknowledgement of receipt of suicide prevention information:

Therapist [Signature] Date 1/17/16 Time 1503 Patient/Guardian Signature [Signature] Date 1/17/16

To be completed at time of Discharge:

Patient and/or POA have demonstrated understanding and knowledge of:

Referrals and Appointments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
When and how to seek further treatment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Importance of communicating with physician regarding side effects and other concerns	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Nutritional intervention or diet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medications have been explained to patient's satisfaction (potential food/drug interactions)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Copy of labs and EKG reviewed and given to patient	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Safety plan reviewed and patient provided a copy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Signature of patient/guardian indicates that their questions have been satisfactorily answered and they understand and agree with the instructions.

Patient/Guardian Signature and Date
[Signature] 1-17-16

Nurse Signature Date/Time
[Signature] 1-17-16 1515

Form Title: Discharge Plan
Revised: June 9, 2015
File In: Discharge
Arrowhead Behavioral Health

GREER, LAURA 046
M# 000025465 01/12/1970
A# 10103030010 01/14/2016
ANTHEM BC/BS
DR. S. YECHEOR F IDL

GREER 000195

- ☐ Psychiatric Evaluation
- ☐ Plus Program services in response to identified health care needs
- ☐ Vocational Rehabilitation in response to identified employment needs
- ☐ N/A No further recommendations

COPY

If symptoms do not improve or worsen, client may be referred to the following services in the future:

- X Assessment: X MH ☐ AoD
- ☐ Individual Counseling: ☐ mental health ☐ AoD
- X Group Counseling: ☐ Anger Management ☐ Coping Skills ☐ STEPPS ☐ Survivor Group
- ☐ USG X SIR ☐ IOP ☐ BIP ☐ CC Other

(specify): _____

- ☐ CPST (MH)
- ☐ CM (AoD)
- ☐ Psychiatric Evaluation
- ☐ Plus Program services in response to identified health care needs
- ☐ Vocational Rehabilitation in response to identified employment needs
- ☐ N/A No further recommendations

Client is also being referred to the following external services: follow up with her EAP.

Client's response to recommendations:

☐ agreed

X declined the following: At the conclusion of the assessment BHP began to discuss with the client the treatment course that she would take and that we would verify IOP was covered by her insurance prior to putting her into the group to prevent a major bill. BHP discussed with the client that she would be seen individually until insurance authorized treatment. Client reports she did not want to complete treatment at Firelands and would like to go to a private practice. Client reports she does not feel comfortable in the groups and would only like to do individual therapy. BHP provided the client with referrals to three area agencies to assist her in getting treatment. BHP discussed with the client her history of treatment with her previous provider and the client reports it was a misunderstanding that led to her case being closed. BHP inquired if the client would like her case closed and the client stated yes. BHP received a call from the client's EAP and provided them the information that the client declined services and stated she would be going elsewhere and requested her case be closed. Client's EAP requested that BHP not close the client's case currently as they were going to call her and inform her that she would have to complete treatment recommendations. BHP informed EAP that we could not force someone to engage in treatment and client's EAP stated they would let the client know if she did not come in to treatment she would be terminated. BHP agreed to keep the client open temporarily until she could come in for treatment.

X Emergency services, resources and hotline number were provided to the client

Client reports the following treatment preferences:

- ☐ Needs assistance reading forms
- ☐ Need an interpreter for: ☐ language ☐ hearing impairment ☐
- X Prefers appointments ☐ before noon ☐ afternoon X after 4 p.m. ☐ specific day of the week: _____
- ☐ Other (please clarify): _____

Preferences will be:

X honored

Patient Chart
GREER, LAURA
Patient ID: 10924849
DOB: 01/12/1970
Age: 46 years Gender: F

Progress Notes

.D: 01/26/16 : 01:36pm
.T: Therapist - Progress Note

GREER, LAURA
01/12/70

01/26/16 START TIME: 9:05 am END TIME: 10:15 am LENGTH: 70 min

SUMMARY OF SESSION: Ct is a 46 year old MWF who is referred by her insurance company after getting out of an inpt program after 5 days there for opioid addiction. Ct states she hit "rock bottom". Ct tended to ramble quite a bit today and it was tough to keep her on task. She was disgruntled with the program she went to, frustrated they wanted to put her on Suboxone, she then went on the be blaming of her pain management program that they only urine tested her once in 8 years. Ct does admit that she was using more of her prescribed Percocet than what she could get from the pain management doctors and she was using about 20 pills per day of varying dosages. She came with FMLA papers but I told her I could not fill those out as I was not sure if her employer would recognize a LPCC, and also I was not sure she was ready to go back.

GOALS WORKED ON THIS SESSION: tying to get information, build a therapeutic rapport

CLIENT PROGRESS: Ct appeared a bit sedated. States she has not used since going to Arrowhead but this is not verified. Would want a tox screen.

MSE:

Affective:

Predominant Mood: Pleasant Calm Sad Overwhelmed Tearful Frustrated
Range of Affect: congruent

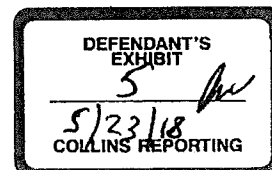
Behavioral:

Appearance: very thin, 107 pounds.seemed slightly sedated,
Movement/Behavior: overelaborate speech, poor boundaries
Speech: Understandable
Attention/Manner: Attentive Cooperative

Cognitive:

Thought Process: Coherent Rambling denies any S/HI at present, is future oriented about return to work.
Orientation: Person Place Time
Memory: Adequate
Judgment/Insight: Limited

Printed On: 07/27/2016



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GREER 000320

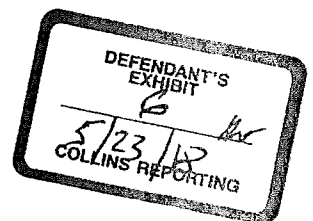
12 step mtgs

did not attend



Next appt. Wed 2/3/16
2pm

1/29/16



DEFENDANT 001136

CONFIDENTIAL

Patient Chart
GREER, LAURA
Patient ID: 10924849
DOB: 01/12/1970
Age: 46 years Gender: F

Discharge Summary

.D: 07/14/16 : 12:45pm
.T: DISCHARGE SUMMARY
Providers: Jayne Williams, MA, LPCC, LICDC, SAP.

Date of Admission: 01/26/16 Date of Discharge: 07/14/16
Date of Last Contact: 03/14/16
Others involved in treatment: Ct's spouse attended one appt.

1. Services Provided: Assessment, individual therapy

2. Summary of Progress: Ct attended a few sessions and seemed to understand why she needed to be clean but underestimated what it would take to stay clean. This was evidenced by her not following through with going to support group meeting ("I forgot my proof slips at home"). Also she seemed uncomfortable talking about her use, the consequences of same. She missed two appointments and was sent the letter to notify her I was leaving and to let us know if she wanted a different provider. She did not respond.

Treatment Outcomes: Client dropped out of treatment; correspondence sent 6/21/16

3. Pertinent unresolved problems including symptoms which may indicated the need for future services: Ct needs a higher level of care.

4. Summary of Medication Record:

Current Medications:

Rx: AMBIEN CR 12.5mg 1 AT BEDTIME - days, , Ref: 0
Rx: B-12 INJECTION - days, , Ref: 0
Rx: BACLOFEN 10mg 1 TWICE DAILY - days, , Ref: 0
Rx: CLYMOLOMYCIN EVERY OTHER DAY - days, , Ref: 0
Rx: IMITREX 100mg 1 - days, , Ref: 0
Rx: TOPAMAX 50mg 1 AT BEDTIME - days, , Ref: 0
Rx: VITAMIN D - days, , Ref: 0
Rx: WELLBUTRIN 300mg 1 DAILY - days, , Ref: 0

5. Client Response to Discharge/Comments: Ct did not respond

6. Discharge Plan: Other, Ct's EAP contacted me to say ct had been pulled off work on reasonable cause (slurring words, long delays in responding) so she most likely has relapsed. The EAP states her tx will now be mandatory and I gave her the name of Century Health as the have the most options for AoD.

Discharge Diagnosis:
Axis I F11.20 Opioid Use D/O

Patient Chart
GREER, LAURA
Patient ID: 10924849
DOB: 01/12/1970
Age: 46 years Gender: F

Progress Notes

.D: 03/15/16 : 09:39am
.T: Therapist - Progress Note

GREER, LAURA
01/12/70

03/14/16 START TIME: 1:00 pm END TIME: 2:00 pm LENGTH: 60 min

SUMMARY OF SESSION: Ct brought to session a drug screen signed by Nancy Martin, CNP that was negative for cannabis, cocaine, opiates. She states she "forgot" again to bring her slips for AA/NA meetings. Asked her if she was really attending and she states yes but this forgetting twice seems questionable. She states she is gaining weight and does look much healthier. Her eyes are more clear. She got her son into counseling with a referral from Dunn Therapies as they are booking out until June. He goes this Friday. She is concerned about his being bullied and depression. He is aware she went to tx for drugs. Encouraged her to bring this out when she takes him as he may or may not. Ct states he is like her, "he holds a lot in". Asked if she feels she is holding things in or back. She states for years she held back how angry she was at her mom for how her mom treated them but when mom was sick and dying, she let that go. Asked ct if she feels she is still impacted by some of these things and she said yes. We agreed to talk about this topic next time. Ct continues to deny any cravings. She polished her hardwood floor on her knees and stated next day she was in pain so used a lidocaine pain patch which she states is non narcotic.

GOALS WORKED ON THIS SESSION: abstinence, coping skills to stay in recovery.

CLIENT PROGRESS: :I don't want to go back to that. I feel so much better."

MSE:

Affective:

Predominant Mood: Pleasant Calm
Range of Affect: congruent

Behavioral:

Appearance: Neat healthier
Movement/Behavior: Unremarkable
Speech: Understandable
Attention/Manner: Attentive Cooperative Open

Cognitive:

Thought Process: Coherent Goal-oriented No S/HI. CT is future oriented, and has her own faith.

Printed On: 07/27/2016

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GREER 000310

Patient Chart
GREER, LAURA
Patient ID: 10924849
DOB: 01/12/1970
Age: 46 years Gender: F

Progress Notes

.D: 02/26/16 : 05:23pm
.T: Therapist - Progress Note

GREER, LAURA
01/12/70

02/26/16 START TIME: 3:05 pm END TIME: 4:00 pm LENGTH: 55 min

SUMMARY OF SESSION: Ct states she is doing okay. Had a stressful work day. She states she went to 4 of 6 12 step meetings but missed 2 due to a bad cold this week. She forgot her book with signatures. Ct states she feels more comfortable at AA. She states the people at NA have less clean time and seems a bit sketchy which she admits she should not judge but she just feels that way. She states she has not spoken yet at a meeting but she has gotten some numbers from other members. Ct states her marriage seems to be better. She feels better. She checked into drug store UA's and she found a 4 panel with opiate screen for 24.00. We discussed her taking this to her doctors office to use that there. If it is unopened and they have some security measures in place that could be something to try. Ct shared she feels her 17 year old son is being bullied. He has asked her if he can go to counseling. She asked if I know any Tricare providers. Let her know to call Dunntherapy to see.

GOALS WORKED ON THIS SESSION: abstinence, building recovery networks

CLIENT PROGRESS: Ct seems to look healthier. She states she will be coming up on 60 days.

MSE:

Affective:

Predominant Mood: Pleasant Anxious
Range of Affect: congruent

Behavioral:

Appearance: Neat
Movement/Behavior: Unremarkable
Speech: Understandable
Attention/Manner: Attentive Cooperative

Cognitive:

Thought Process: Coherent Goal-oriented Denies S/HI. Ct states she is future oriented and does not want to go back. Orientation: Person Place Time
Memory: Adequate
Judgment/Insight: fair

Printed On: 07/27/2016

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GREER 000312

Robby Kordish

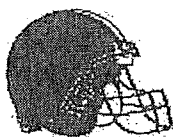
From: Angela Kuhlman
Sent: Tuesday, July 12, 2016 5:20 PM
To: Fulton-Royer, Jill; Kohlbacher, Georgene (gkohlba2)
Cc: Robby Kordish
Subject: RE: Screening for UH employee
Attachments: Incidents Laura Greer.docx

Attached is a summary written by Angela Washington, Claims Supervisor.

From: Fulton-Royer, Jill [mailto:Jill.Fulton@UHhospitals.org]
Sent: Tuesday, July 12, 2016 12:06 PM
To: Kohlbacher, Georgene (gkohlba2) <Georgene.Kohlbacher@UHhospitals.org>; Angela Kuhlman <AKuhlman@hdplus.com>
Subject: FW: Screening for UH employee

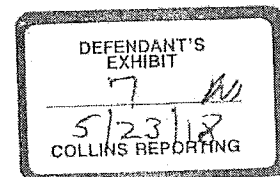
Angela,
Thanks for the update. Can you also send us a summary of your concerns? Thanks.

Jill Fulton, LISW-S, LICDC
Employee Assistance Manager
University Hospitals Case Medical Center
MCCO 6th Floor, Mail Stop 6035 B
11100 Euclid Ave
Cleveland, Ohio 44106
Phone-216-844-1982; Fax-216-983-3038;
Pager-30788; Cell Phone-216-408-9059



THE OFFICIAL HEALTH CARE PARTNER OF THE
CLEVELAND BROWNS

From: Angela Kuhlman [mailto:AKuhlman@hdplus.com]
Sent: Tuesday, July 12, 2016 11:01 AM
To: Fulton-Royer, Jill; Robby Kordish
Cc: Kohlbacher, Georgene (gkohlba2); Harmon, Heather (HR); Fernandez, Laura
Subject: RE: Screening for UH employee



Hello All,
Robby and I just spoke with Laura Greer. She will be waiting for Georgene's call at noon today. Please call her at 419-424-9291.

I've had a very hard time finding a cab company that will take a credit card over the phone and uber is not available in her area. At noon I will be having a conversation with a car service to hopefully arrange transportation. If I am able then I will call and let Laura know that she will be picked up. In our conversation with Laura we asked if she had someone

6/29/2016

LAURA SENT AN EMAIL THAT SHE WILL NEED TO GET OFF ONCE SHE IS DONE WITH A CLAIM SHE HAD FEMALE LASER SURGERY THAT SHE WOULD MAKE HER TIME UP, TO ASSURE SHE WOULD HAVE HER 8HRS, OTHERWISE THIS IS CONSIDERED A DEVIATION OF TIME, HER REPLY WAS WHAT IF I GET A NOTE FROM MY DOCTOR, IT WAS ADVISED THAT SHE TALK TO HR IF THIS WOULD BE CONSIDERED A FMLA CONDITION. SHE WENT ON TO EXPLAIN HOW UNFAIR THIS IS AND THE EMAIL WENT ON FROM 1:03 TO 2:46.

6/21/2016

I SPOKE TO LAURA ON WHERE SHE EMAILED ME ON A DIFFERENT CLAIM THAT WE STILL NEED TO RESOLVE THE ABOVE MENTIONED CLAIMS THAT I HAD PROCESSED ACCORDINGLY. SHE MAKES MENTION THAT SHE BELIEVES SHE DELETED THE CLAIMS BECAUSE THEY WERE INCORRECT. I ADVISED HER TO PULL UP THE EMAIL ALONG WITH THE CLAIM, SO THAT SHE CAN RECREATE AND FOLLOW THE INSTRUCTIONS. THE CONVERSATION WAS VERY BROKEN; SHE HAD WENT ON TO ANOTHER TOPIC SEVERAL TIMES. ONCE I INTERRUPTED THE CONVERSATION ASKING HOW FAR WAS SHE WITH THE HANDKEY, SHE SAID OH! YOUR CLAIMS ARE RIGHT HERE, THEY WEREN'T DELETED AND SHE BEGIN TO MODIFY THE CLAIMS, (SHE SAYS) EXPLAINING HOW SHE WAS SPLITTING THE PAYMENT LIKE THEY USE TO DO. I EXPLAINED AGAIN THAT SHE WILL NEED TO FOLLOW THE INSTRUCTIONS AS CINDI PROVIDED, AND AGAIN SHE MENTIONS HOW IT USE TO BE DONE AND SHE DOES NOT UNDERSTAND WHY SHE CAN NO LONGER DO IT THAT WAY. I AS A FINAL POINT EXPLAINED, THAT SHE IS TO RECREATE THE CLAIMS I CREATED IF SHE DELETED THEM, FOLLOWING CINDI'S INSTRUCTION AND TO NOTIFY ME ONCE SHE HAD COMPLETED. I REITERATED CINDI'S INSTRUCTIONS, AND ENDED THE CALL.

6/15/2016

PROCESSING –LAURA WAS ASKED TO PROCESS TWO CLAIMS, MANUALLY ENTERING THE CLAIMS, AND SPLITTING THE PAYMENT. (SPECIFIC CLAIM INSTRUCTION WAS PROVIDED). LAURA WAS UNABLE TO FOLLOW THOSE INSTRUCTIONS, SO I MANUALLY ENTERED THE CLAIMS AND PROCESSED THEM AND ADVISED LAURA TO REVIEW FOR FUTURE USE. (6/16/2016) ON 6/17/2016 LAURA EMAILED ME AND CONVEYED THE CLAIMS WERE INCORRECT AND THAT WE NEED TO SETUP TIME TO REVIEW. (PHONE CALL)

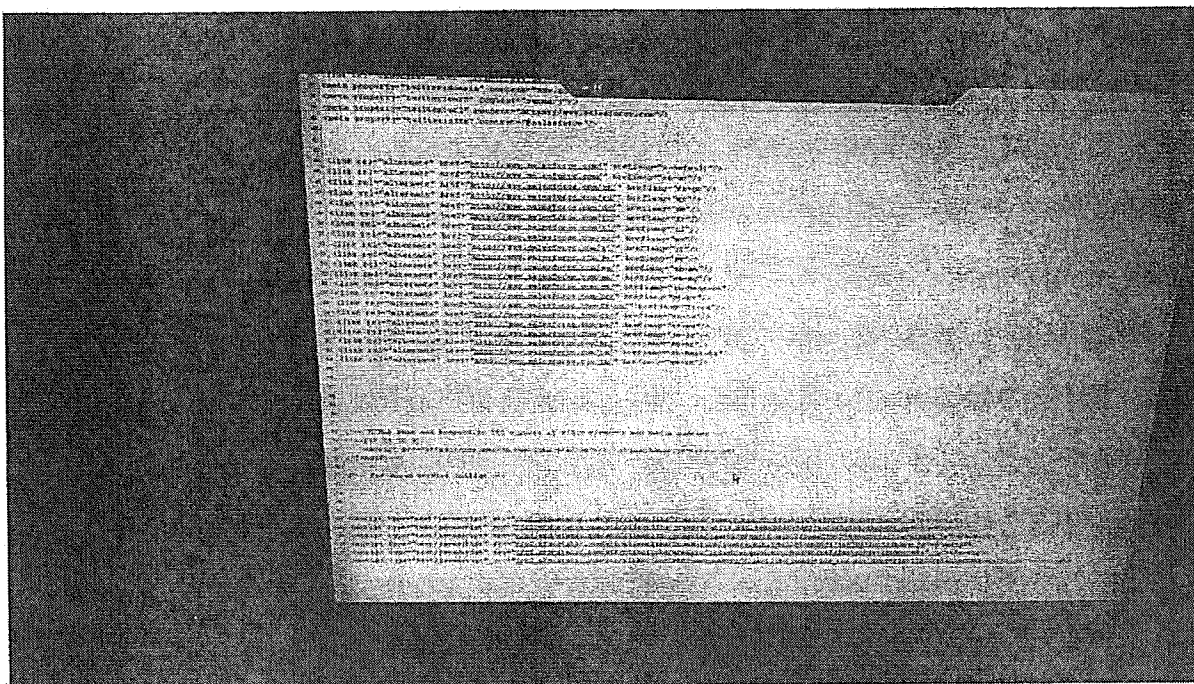
6/13/2016

I was informed by Cindi Roberts on 6/13/2016 @ 1:07 pm that Laura Greer was experiencing issues with her Salesforce screen. Based on the "screen shot" that she sent, I immediately saw that her Salesforce screen was "maximized". I emailed Laura at that time and advised her to use her "back" button. She did not reply my assumption was that this advised worked for her, and she was able to proceed with processing. At 1:30 I received the below screen shot accompanied by an email stating "Once I start working sales force will pop back over and Salesforce will not allow me to anything- I've logged out 3 times and signed in but Salesforce is still there?" Again I advised her to use her "back button".

[illegible]

I then advised Janet that this was an issue that Laura had earlier although the screen looks different now than before this could be a result of having too many sessions open due to her multiple attempts to log-in.

When I called Laura she was in the process of logging into her son's PC, I asked if she believed this PC was safe and secure and she replied yes. She then began to talk off topic and with haziness about the UH discount program and how the military does not offer competitive discounts to the Kalahari Park, and that she had chest pain and took one of her husband's Nitro pills and that it did help and that the neighbor lady helped her yesterday and she would make it through. I interrupted and asked if she had logged into the PC successfully and she replied no, that she is getting the same screen she got on her screen, I replied then your system is not dying.



After further review of her screen Janet agreed. I advised Laura to log out of her son's PC and go back to her PC to log back in.

She then expressed she was unsure on how to log in. I took a picture of the remote log in instructions and sent them to her via text message. (Please see instructions) After several unsuccessful attempts, Laura successfully logged into HealthPac. I mentioned that should she experience issue such as this moving forward she is not to go through another processor for resolution, that she will need to alert Cindi Roberts or myself, she replied she did not know any of our numbers, that she had texted Cindi and Cindi advised her to contact Angela (me), that she called three times to the front desk and ask to be "patched" to Angela Kuhlman. I told her that she was to call me Angela Washington in urgencies such as this.

We continued to discuss what she saw once she logged in, and she said that her Salesforce screen was still up. I advised her to use her Alt+tab to view the many sessions she had open and when she came to each session to "x" out of them. She could not comply. I advised her to put her thumb on the Alt button and her index finger on the tab button and slowly tap the Tab button to review each session. She could not comply, Janet advised that since we now know the issue that we go to Michael's office and he log into her system to minimize her Sales force screen. I advised Laura that we would call her right back.

Janet and I went into Michael's office he logged into her system and advised reviewed how to minimized and advised to use function key F11, I asked since he was signed in her system if he would simply do it while logged in. I came back to my cubicle and called Laura, she was logged in, I again reiterate the instruction provided earlier regarding immediate contact with Cindi or me, along with a follow up email.



University Hospitals™

**Employee Assistance Program
Drug/Alcohol Screening Procedures**

The Employee Assistance Counselors will determine whether an employee must participate in the drug and/or alcohol screening program. Once the decision is made, all employees (mandatory and/or self-referred) must follow the guidelines as stated below.

1. Upon acceptance into the program, the employee must meet with the EAP Secretary. The EAP Secretary will provide information about the drug and/or alcohol screening program and verify the employee's information:
 Name Laura Greer
 Home phone number 419-424-9291 - 419-957-2459
 Work phone number _____
 Pager number _____

(This information must be given in order for Employee Assistance to contact employees.)

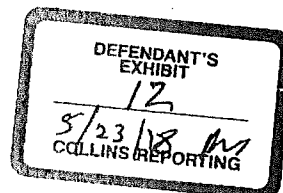
2. The employee is required to take a drug and/or alcohol screening weekly. *2 yrs effective 9/26/18*
3. The drug and/or alcohol screening is done randomly; therefore, the employee must contact the EAP Secretary at 844-4948 every Monday, Wednesday and Friday between the hours of 8:00 A.M. to 4:30 P.M. At that time, the EAP Secretary will inform the employee if the screen is due that day. In the event the EAP Secretary is unavailable, please leave a phone mail message and she will return your call if your screening is due that day, otherwise your call-in will be documented. *9/26/18*
4. The employee is required to call every Monday, Wednesday and Friday even when the employee has had a drug/alcohol screening for the week. This step is essential and must be adhered to because an employee may be asked to retake a drug/alcohol screening at the request of an Employee Assistance Counselor.
5. The employee is requested to show up for the screening as soon as possible that same day. If an employee fails to fulfill that obligation the Employee Assistance Secretary must turn that employee's name over to the Employee Assistance Counselor assigned to that case.
6. The employee must contact the Employee Assistance Secretary before taking time off for vacation, etc. if he/she is to be excused from the drug and/or alcohol screening for the week.
7. The employee should contact the Counselor assigned to his/her case when the EAP Secretary is out on vacation to confirm call-in and/or whether or not to come in for screening.

Laura Greer
Employee

09-26-2016
Date

Employee Assistance Counselor

Date



GREER 000467



University Hospitals™

Employee Assistance Program
Conditions of Employment

Compliance Contract

between

Laura Greer

Employee

and the

Employee Assistance Program Counselor

I understand that my supervisor referred me to the Employee Assistance Program (EAP) as a Mandatory Referral. I understand that my EAP assessment resulted in certain recommendations and I must comply with them.

I understand that my compliance with the EAP attendance recommendation and treatment plan must be monitored as determined by the EAP counselor. If I do not comply with the recommendation and/or treatment plan within 1 week (s) my supervisor and /or HR will be informed. Non-compliance may result in corrective action up to and including discharge.

The EAP recommendation/treatment plan requirements are as follows: per

D/C instructions per St. Rita's

1) F/u w/ Dr. Rale + his recommendations

2) F/u w/ Mike McGahey Wyandot Counseling + his recommendations

3) F/u Family Practice, Nancy Williams CNP + recommendations

I understand and agree to comply with the conditions of this Contract.

Laura Greer
Employee

09-26-2016
Date

EAP Counselor

Date

ATTACHMENT A

UNIVERSITY HOSPITALS HEALTH SYSTEM
EMPLOYEE ASSISTANCE PROGRAM
REFERRAL FORMEmployee: Laura Greer Position: Claims Processor Date: 7-12-16 Phone: 419 424-9291

You are being referred to the EMPLOYEE ASSISTANCE PROGRAM (EAP) because of the concerns noted below. EAP services are confidential, in compliance with the law. Your supervisor will be told only whether you kept the appointment, and whether you complied with the EAP recommendations. Your supervisor will not be told what was discussed unless you specifically authorize it and sign a release of information specifying the information to be released. Information from EA may be shared without a release and authorization in response to state or federal statute/regulation (e.g. Homicidal/suicidal ideation; child and elder abuse/neglect), a court ordered subpoena or an official investigation by a government agency.

☒ A Tier 1 Mandatory Referral has been made to EAP for the following reason:

- ☒ Fitness for Duty
☐ Violent, hostile, or reckless behavior that endangers the safety of others or that causes others to fear for their safety
☐ Reasonable suspicion of drug/alcohol use including evidence of drug diversion.

Please phone EAP at 216-844-4948 to confirm your scheduled appointment on 7-12-16 @ 12 pm

- ☐ A Tier 2 Mandatory Referral has been made to EAP for the following job performance concern(s):
☐ Attendance issues
☐ Conflictive work relationship
☐ Deteriorating job performance
☐ Other _____

Please phone EAP at 216-844-4948 within 5 business days of today's date, to schedule an appointment.

Explanation of counseling, anecdotal, corrective actions or other concerns relative to the above-checked concerns:

My supervisor has explained the reason for this EAP referral. I understand that my supervisor will be notified whether I keep my appointment and whether I comply with the EAP recommendations. I have been given a copy of this form.

Employee Signature: _____ Date: _____

Supervisor Signature: Jugata Kuhl Dept: HR Phone: 330 463 1135

EAP Counselor Signature: _____ Date: _____

☐ Employee attended EAP session
☐ Employee complied

☐ Employee did not attend EAP session
☐ Employee did not comply

Org to EAP
10/20/16



BLANCHARD VALLEY HEALTH SYSTEM

3949 N. Main St. Suite D
Findlay, OH 45840
Phone: 419-425-5121
Fax: 419-425-5738

Date: 10/5/2016

Re: Laura Greer
SSN: 300-60-3228

DER: Laura Fernandez
Employer: University Hospitals Case Med Center

This letter is in regard to the random urine drug screen collected on 9/28/2016 from Laura Greer. This test is reported as "Negative." The specimen was also Dilute.

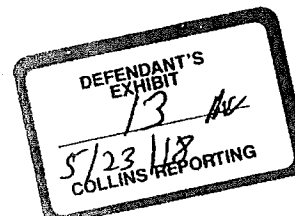
As the Medical Review Officer for this test, I was able to confirm that there is a legitimate medical prescription in use, consistent with the chemical detected in the specimen. Because there is a legitimate medical explanation for the presence of this substance, this drug test is declared as "Negative." I would like you to be aware that use of this medication may have side effects that could present safety-sensitive issues. The employee's personal physician may be a better judge of how the individual reacts to the medication with respect to job duties.

Please feel free to contact me if you have any further questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie A. Matuszak".

Stephanie A. Matuszak MD, MRO
Well at Work



GREER 000680

Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Laura Greer
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 300-60-3228

C: Employer Name University Hospitals Case M.C.
Street MCCO 6th Floor, 11100 Euclid Ave.
Mail stop 6035B
City, State, Zip Cleveland, OH 44106
DER Name and Telephone No. Laura Fernandez 216-844-4328
DER (Area Code & Phone Number)

D: Reason for Test: ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment
☒ Random (unless the job related and consistent with business necessity requirements)

ALCOMONITOR CC 001224
09/28/16
TEST NO. 218

SBJ: 300603228.....

SCREENING TEST
6/210L TIME
000 AUTO 09:16

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Laura Greer
Signature of Employee Date 09 / 28 / 2016
Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ DRAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICES* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.					

REMARKS:

Alcohol Technician's Company EDITH GRINE

(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company Street Address Well at Work

Company City, State, Zip 3949 N. Main St. Findlay, OH 45840

Phone Number (Area Code & Number) 419-425-5121

Fax 419-425-5738

Signature of Alcohol Technician Edith Grine

Date 9/28/16
Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee _____ Date _____
Month Day Year

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

8383 (Rev. 2/14)

△ Affix With Tamper Evident Tape

△ Affix Or Print
Screening Results Here

△ Affix With Tamper Evident Tape

△ Confirmation Results Here

△ Affix With Tamper Evident Tape

△ Additional Test Results Here

Well at Work
MRO Analysis Form

Name: Laura Greer Patient ID: 300-60-3228 Birth Date: 01-12-1970 Phone: 419-957-2459

Contact: Laura Fernandez Phone: 216-844-4828 216-844-3990

Employer: University Hospitals Case M. C. Contact: April Vandenberg Phone: 419-425-5121 419-425-5738

Collector: Well at Work Lab: MEDTOX

Specimen ID: Z31611034 Collection Protocol: COLLPROT

Collection Date: 9/28/2016 RT

Lab Results:

Substance	Lab Result	Lab Level	Finding
Amp Exp	Negative	0	
Barbiturates (Urine) 5620	Negative	0	
Benzodiazepines 5630	Positive	232.0000	Alprazolam
Cocaine Metabolite 5640	Negative	0.205	alpha-hydroxyalprazolam
Marijuana Metabolite 5671	Negative	0	
Meperidine 5730	Negative	0	
Methadone 5680	Negative	0	
Opiates (Urine) 5650	Negative	0	
Oxycodone - Urine 5653	Negative	0	
Phencyclidine 5660	Negative	0	
Propoxyphene 5700	Negative	0	
TRAMADOL 5720	Negative	0	

☒ Review Chain of Custody Documents:
☒ Acceptable ☐ Unacceptable (explain: _____)

Employee Notification Phone Log:
 Phone: 419-957-2459 Date/Time: 10/2/16 11:35
 10/5/16 12:28

Response

Voicemail not set up.
 Sounds fixed, signed
 confirmed by [signature]

☐ If unable to notify employee, company's Drug Test Program Coordinator notified. Date: 1/1 Name: _____

☒ Notify employee of positive results

☒ Review possible legitimate reasons for a positive result
 Employee's Reason(s) given for Positive Test:

Prescription Medicine(s) being taken:

☐ Notify right to request split sample within 72 hours

Final Result:

☐ Positive☒ Negative☐ Canceled☐ Dilute☐ Refused-Adulterated☐ Refused-Substituted

Stephanie A. Matuszak, MD
 Medical Review Officer

☐ Notify employer of results

Comments:

Verified On:

10/5/2016

216-844-4828

Date:

10-6-16

Time: 9:01

Contact: LAURA FERNANDEZ

Printed on: 10/03/2016 11:21:26AM

VAREPORTSISCREENINGMRO ANALYSIS FORM_v7.32+0186

Page

GREER 000682

0/03/2016 09:45:21

Medtox Laboratories - AG:FAHHELLAT BT: 64194024

Page:01 of

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 4746912
BLANCHARD VALLEY HEALTH SYSTEM
HMO: STEPHANIE NATUSZAK, MD
WELL AT WORK
3949 N MAIN ST STE D
FINDLAY, OH 45840

Accession #: G4197040
Specimen I.D.: Z31611034 ✓
Donor Name/ID: GREEN, LAURA ✓
SSN: 300-60-3228 ✓
Age: Sex:
Reason for test: Random

General Information

Date Collected	Date Received	Date Reported
09/28/2016 10:00	09/29/2016	10/03/2016 9:43AM

TEST(S) REQUESTED	RESULTS	UNITS	THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN	POSITIVE		
DRUG TEST RESULT	NEGATIVE	ng/ml	
AMPHETAMINES	NEGATIVE	ng/ml	
BARBITURATES	+++POSITIVE+++	ng/ml	
BENZODIAZEPINES	NEGATIVE	ng/ml	
COCAINE METABOLITE	NEGATIVE	ng/ml	
OPIATES	NEGATIVE	ng/ml	
OXYCODONE	NEGATIVE	ng/ml	
PRENOCYCLIDINE (PCP)	NEGATIVE	ng/ml	
MARIJUANA METABOLITE (THC)	NEGATIVE	ng/ml	
METHADONE	NEGATIVE	ng/ml	
PROPOXYPHENE	NEGATIVE	ng/ml	
TRAMADOL	NEGATIVE	ng/ml	
MEPERIDINE	15.4 (L)	mg/dl	> = 20
CREATININE	NEGATIVE	mcg/ml	< 200
NITRITES			

THIS SPECIMEN WAS SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT
HAS BEEN CONFIRMED BY CHROMATOGRAPHY WITH MASS SPECTROMETRY.
THE FOLLOWING THRESHOLD CONCENTRATIONS WERE USED FOR THIS ANALYSIS

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
AMPHETAMINES	1000 NG/ML	500 NG/ML
AMPHETAMINE		500 NG/ML
METHAMPHETAMINE		500 NG/ML
MDMA		500 NG/ML
MDA		500 NG/ML
MDEA		200 NG/ML
BARBITURATES	300 NG/ML	100 NG/ML
BENZODIAZEPINES	300 NG/ML	
DIAZEPAM, DESMETHYLDIAZEPAM		
OXAZEPAM, TEMAZEPAM		
ALPRAZOLAM, ALPHA-OH-ALPRAZOLAM		
LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM		
HYDROXYETHYLFLURAZEPAM,		
ALPHA-HYDROXYMIDAZOLAM, 7-AMINOCLONAZEPAM		150 NG/ML
COCAINE METABOLITE	300 NG/ML	
OPIATES	300 NG/ML	300 NG/ML
CODEINE		300 NG/ML
MORPHINE		300 NG/ML
HYDROCODONE		300 NG/ML
HYDROMORPHONE		100 NG/ML
OXYCODONE	100 NG/ML	

REPORT CONTINUED ON NEXT FORM

GREER 000683

0/03/2016 09:45:21

Medtox Laboratories - RG:FRXELLAT BT: 64194004

Page:02 of

CONTINUED REPORT
 MEDTOX LABORATORIES INC.
 402 WEST COUNTY ROAD D
 ST PAUL, MN 55112
 651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 4746912
 BLANCHARD VALLEY HEALTH SYSTEM
 MRO: STEPHANIE MATUSZAK, MD
 WELL AT WORK
 3949 N MAIN ST STE D
 FINDLAY, OH 45840

Accession #: G4197040
 Specimen I.D.: 231611034
 Donor Name/ID: GREER, LAURA
 SSN: 300-60-3228
 Age: Sex:
 Reason for test: Random

General Information

Date Collected	Date Received	Date Reported
09/28/2016 10:00	09/29/2016	10/03/2016 9:43AM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML
TRAMADOL	200 NG/ML	100 NG/ML
MEPERIDINE	200 NG/ML	100 NG/ML

ALTERNATIVE EXPLANATIONS SHOULD BE EXPLORED FOR POSITIVE RESULTS.
 THIS PANEL INCLUDES TESTING FOR SPECIMEN VALIDITY.

**SOME COMPONENTS OF THE TEST PANEL WERE DEVELOPED AND PERFORMANCE CHARACTERISTICS DETERMINED BY LABCORP. THEY HAVE NOT BEEN CLEARED OR APPROVED BY THE FOOD AND DRUG ADMINISTRATION.

Certified by: GREEN, LEAH
 SPECIFIC GRAVITY

1.003 ✓

Certified by: GREEN, LEAH
 EXPANDED BENZODIAZEPINE CONFIRM
 ALPRAZOLAM
 ALPHA-HYDROXYALPRAZOLAM

232 ✓
208 ✓ng/ml
ng/ml

QUANTITATIVE BENZODIAZEPINE CONFIRMATION INCLUDES DIAZEPAM, DESMETHYLDIAZEPAM, OXAZEPAM, TENAZEPAM, ALPRAZOLAM, ALPHA-HYDROXYALPRAZOLAM, HYDROXYETHYLFLURAZEPAM, LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM, ALPHA-HYDROXYMIDAZOLAM, 7-AMINOCLONAZEPAM AT A THRESHOLD OF 100 ng/mL.
 ANALYSIS PERFORMED BY LIQUID CHROMATOGRAPHY/TANDEM MASS SPECTROMETRY (LC/MS/MS).

** FINAL REPORT **

Collected at 4194253121 MEDTOX collection site #607
 WELL AT WORK - FINDLAY
 FINDLAY, OH

GREER 000684

EAD
4/28/17



MANCOWD VALLEY HEALTH SYSTEM

3949 N. Main St. Suite D
Findlay, OH 45840
Phone: 419-425-5121
Fax: 419-425-5738

Date: 4/24/2017

Re: Laura Greer
SSN: 300-60-3228

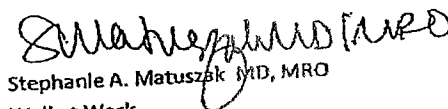
DER: Laura Fernandez
Employer: University Hospitals Case Medical Center

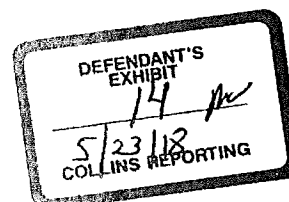
This letter is in regard to the latest in a series of weekly random follow-up drug screens collected on 4/19/2017 from Laura Greer. This test is reported as "Negative."

As the Medical Review Officer for this test, I was able to confirm that there is a legitimate medical prescription in use, consistent with the chemical detected in the specimen. Because there is a legitimate medical explanation for the presence of this substance, this drug test is declared as "Negative." I would like you to be aware that use of this medication may have side effects that could present safety-sensitive issues. The employee's personal physician may be a better judge of how the individual reacts to the medication with respect to job duties.

Please feel free to contact me if you have any further questions or concerns.

Sincerely,


Stephanie A. Matuszak MD, MRO
Well at Work



GREER 000805

14/14/2017 23:32:19

Medtox Laboratories - AG:FRXWELLAT BT: 64387887

CONTINUED REPORT
 MEDTOX LABORATORIES INC.
 402 WEST COUNTY ROAD D
 ST PAUL, MN 55112
 651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 47469
 EMPLOYER:
 PRO: STEPHANIE MATUSZAK, MD
 WELL AT WORK
 3949 N MAIN ST STE D
 FINDLAY, OH 45840

Accession #: GS529273
 Specimen I.D.: Z33458657
 Donor Name/ID: GREER, LAURA
 SSN: 300-60-3228
 Age: Sex:
 Reason for test: Random

General Information
 47469

Date Collected	Date Received	Date Reported
04/13/2017 13:23	04/11/2017	04/14/2017 11:30AM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
OXYCODONE	100 NG/ML	100 NG/ML
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML
TRAMADOL	200 NG/ML	100 NG/ML
MEPERIDINE	200 NG/ML	100 NG/ML

ALTERNATIVE EXPLANATIONS SHOULD BE EXPLORED FOR POSITIVE RESULTS.
 THIS PANEL INCLUDES TESTING FOR SPECIMEN VALIDITY.

**SOME COMPONENTS OF THE TEST PANEL WERE DEVELOPED AND PERFORMANCE CHARACTERISTICS DETERMINED BY LABCORP. THEY HAVE NOT BEEN CLEARED OR APPROVED BY THE FOOD AND DRUG ADMINISTRATION.

Certified by: LANGER, CRAIG
 SPECIFIC GRAVITY

1.002

Certified by: LANGER, CRAIG
 EXPANDED BENZODIAZEPINE CONFIRM
 ALPRAZOLAM
 ALPHA-HYDROXYALPRAZOLAM

270

397

ng/ml

ng/ml

QUANTITATIVE BENZODIAZEPINE CONFIRMATION INCLUDES DIAZEPAM, DESMETHYLDIAZEPAM, OXAZEPAM, TEMAZEPAM, ALPRAZOLAM, ALPHA-HYDROXYALPRAZOLAM, HYDROXYETHYLFLURAZEPAM, LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM, ALPHA-HYDROXYMIDAZOLAM, 7-AMINOCLONAZEPAM AT A THRESHOLD OF 100 ng/mL.
 ANALYSIS PERFORMED BY LIQUID CHROMATOGRAPHY/TANDEM MASS SPECTROMETRY (LC/MS/MS).

** FINAL REPORT **

Collected at 4194255121 MEDTOX collection site #687
 WELL AT WORK - FINDLAY
 FINDLAY, OH

14/14/2017 23:32:18

Medtox Laboratories - AS:FAHILLAT BT: 64387887

Jennifer A. Collins, Ph.D.

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

LABORATORY REPORT

Account #: 47469
EMPLOYER:
MRO: STEPHANIE MATUSZAK, MD
WELL AT WORK
3949 N MAIN ST STE D
FINDLAY, OH 45840

Accession #: G5529273
Specimen I.D.: Z33458657 ✓
Donor Name/ID: GREER, LAURA ✓
SSN: 300-60-3228 ✓
Age: Sex:
Reason for test: Random

General Information
47469

Date Collected	Date Received	Date Reported
04/10/2017 13:23	04/11/2017	04/14/2017 11:30PM

TEST(S) REQUESTED	RESULTS	UNITS	THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN 96042	POSITIVE		
DRUG TEST RESULT	DILUTE		
REMARKS	NEGATIVE	ng/ml	
AMPHETAMINES	NEGATIVE	ng/ml	
BARBITURATES	+++POSITIVE+++	ng/ml	
BENZODIAZEPINES	NEGATIVE	ng/ml	
COCAINE METABOLITE	NEGATIVE	ng/ml	
OPIATES	NEGATIVE	ng/ml	
OXYCODONE	NEGATIVE	ng/ml	
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml	
MARIJUANA METABOLITE (THC)	NEGATIVE	ng/ml	
METHADONE	NEGATIVE	ng/ml	
PROPOXYPRENE	NEGATIVE	ng/ml	
TRAMADOL	NEGATIVE	ng/ml	
MEPERIDINE	14.8 (L)	ng/dl	> = 20
CREATININE	NEGATIVE	mcg/ml	< 200
NITRATES			

THIS SPECIMEN WAS SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT
HAS BEEN CONFIRMED BY CHROMATOGRAPHY WITH MASS SPECTROMETRY.
THE FOLLOWING THRESHOLD CONCENTRATIONS WERE USED FOR THIS ANALYSIS

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
AMPHETAMINES	1000 NG/ML	500 NG/ML
AMPHETAMINE		500 NG/ML
METHAMPHETAMINE		500 NG/ML
MDMA		500 NG/ML
MDA		500 NG/ML
MDEA		200 NG/ML
BARBITURATES	300 NG/ML	100 NG/ML
BENZODIAZEPINES	300 NG/ML	
DIAZEPAM, DESMETHYLDIAZEPAM		
OXAZEPAM, TEMAZEPAM		
ALPRAZOLAM, ALPHA-OH-ALPRAZOLAM		
LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM		
HYDROXYETHYLFLURAZEPAM,		
ALPHA-HYDROXYMIDAZOLAM, 7-AMINOCLONAZEPAM		150 NG/ML
COCAINE METABOLITE	300 NG/ML	
OPIATES	300 NG/ML	
CODEINE		300 NG/ML
MORPHINE		300 NG/ML
HYDROCODONE		300 NG/ML
HYDROMORPHONE		

REPORT CONTINUED ON NEXT FORM

Called results

Entered

Faxed/Mailed

Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Laura Greer
 (Print) (First, M.I., Last)
 B: SSN or Employee ID No. 360600-3228
 C: Employer Name University Hospitals
MCOD 6th Floor 11100 Euclid
Mail Stop 6035B
Cleveland OH 44106
 City, State, Zip
 DER Name and Telephone No. Laura Fernandez 216-844-4828
 DER (Area Code & Phone Number)
 D: Reason for Test:
☐ Reasonable Susp. ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment
☒ Random (events the job related and consistent with business necessity requirements)

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Laura Greer
 Signature of Employee

Date 04/10/17
 Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☒ No
 SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # QR Lot # & Exp. Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results **MUST** be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Well at Work
 3949 N. Main St
 Findlay, OH 45840
 P(419) 425-5121
 F(419) 425-5738

Alcohol Technician's Company

Alcohol Technician's Name (First, M.I., Last)

Company Street Address

Company City, State, Zip

Phone Number (Area Code & Number)

Date 4/10/17
 Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee

Date 04/10/17
 Month / Day / Year

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

ALCOMONITOR CC 001224
 04/10/17
 TEST NO. 235

SBJ: 300603228.....

SCREENING TEST

6/210L TIME
 XXXX VOID 6 13:25
 INSUFF. BREATH

ALCOMONITOR CC 001224
 04/10/17
 TEST NO. 236

SBJ: 300603228.....

SCREENING TEST

6/210L TIME
 000 AUTO 13:26

✓ Affix Or Print
 Screening Results Here

✓ Affix With Tamper Evident Tape

✓ Affix Or Print
 Confirmation Results Here

✓ Affix With Tamper Evident Tape

✓ Affix Or Print
 Additional Test Results Here

✓ Affix With Tamper Evident Tape

6363 (Rev. 2/14)

Well at Work
MRO Analysis Form

Name:	Employee ID:	Birth Date:	Phone:
Laura A. Greer	300-60-3228	01-12-1970	419-957-2459
Contact:	On-Call Name:	Phone:	Phone:
Employer: University Hospitals Case M. C.	Laura Fernandez	216-844-4828	216-844-3990
Collector: Well at Work	Stephanie Stauffer	419-425-5121	419-425-5738
Lab: MEDTOX		800-832-3244	
Collection Date:	Specimen ID:	Collection Protocol:	
4/19/2017	RT- Z33458686	COLLPROT	

Lab Results:

Substance	Lab Result	Lab Level	Finding
Amp Exp	Negative	0	_____
Barbiturates (Urine) 5620	Negative	0	_____
Benzodiazepines 5630	Positive	453.0000 ✓	_____
Cocaine Metabolite 5640	Negative	0	_____
Marijuana Metabolite 5671	Negative	0	_____
Meperidine 5730	Negative	0	_____
Methadone 5680	Negative	0	_____
Opiates (Urine) 5650	Negative	0	_____
Oxycodone - Urine 5653	Negative	0	_____
Phencyclidine 5660	Negative	0	_____
Propoxyphene 5700	Negative	0	_____
TRAMADOL 5720	Negative	0	_____

- ☐ Review Chain of Custody Documents:
 ___ Acceptable ___ Unacceptable (explain): _____

Employee Notification Phone Log:
 Phone: _____ Date/Time: _____

Response

*latest in series of weekly
random flu tests with
same fact pattern*

- ☐ If unable to notify employee, company's Drug Test Program Coordinator
 notified. Date: 1/1 Name: _____

- ☐ Notify employee of positive results

- ☐ Review possible legitimate reasons for a positive result
 Employee's Reason(s) given for Positive Test: _____

Prescription Medicine(s) being taken: _____

- ☐ Notify right to request split sample within 72 hours

___ Waives ___ Requests Split

Final Result:

☐ Positive☒ Negative☐ Canceled☐ Dilute☐ Refused-Adulterated☐ Refused-Substituted

Stephanie A. Matuszak
 Stephanie A. Matuszak, MD
 Medical Review Officer

Verified On:

4/24/2017

- ☐ Notify employer of results

Contact: _____

Phone: _____

Date: _____

Time: _____

Comments:

Printed on: 04/24/2017 9:21:38AM

V:\REPORTS\SCREENING\MRO ANALYSIS FORM_<v>7.32-#0187

Page 1

GREER 000801

14/24/2017 07:33:38

Medtox Laboratories - AG: FROUILLAT BT: 64397891

Jennifer A. Collins, Ph.D.

MEDTOX LABORATORIES INC:
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

LABORATORY REPORT

Account #: 47469
EMPLOYER:
MRO: STEPHANIE MATUSZAK, MD
WELL AT WORK
3949 N MAIN ST STE D
FINDLAY, OH 45840

Accession #: G5600535
Specimen I.D.: Z33458686
Donor Name/ID: GREER, LAURA
SSN: 300-60-3228
Age: Sex:
Reason for test: Random

General Information
47469

Date Collected	Date Received	Date Reported
04/19/2017 10:12	04/20/2017	04/24/2017 7:31AM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN 96042	POSITIVE	ng/ml
DRUG TEST RESULT	NEGATIVE	ng/ml
AMPHETAMINES	NEGATIVE	ng/ml
BARBITURATES	+++POSITIVE+++	ng/ml
BENZODIAZEPINES	NEGATIVE	ng/ml
COCAINE METABOLITE	NEGATIVE	ng/ml
OPIATES	NEGATIVE	ng/ml
OXYCODONE	NEGATIVE	ng/ml
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml
MARIJUANA METABOLITE (THC)	NEGATIVE	ng/ml
METHADONE	NEGATIVE	ng/ml
PROPOXYPHENE	NEGATIVE	ng/ml
TRAMADOL	NEGATIVE	ng/ml
MEPERIDINE	NEGATIVE	ng/dl > = 20
CREATININE	21.3	mcg/ml < 200
NITRITES	NEGATIVE	

THIS SPECIMEN WAS SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT HAS BEEN CONFIRMED BY CHROMATOGRAPHY WITH MASS SPECTROMETRY. THE FOLLOWING THRESHOLD CONCENTRATIONS WERE USED FOR THIS ANALYSIS

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
AMPHETAMINES	1000 NG/ML	500 NG/ML
AMPHETAMINE		500 NG/ML
METHAMPHETAMINE		500 NG/ML
MDMA		500 NG/ML
MDEA		200 NG/ML
BARBITURATES	300 NG/ML	100 NG/ML
BENZODIAZEPINES	300 NG/ML	
DIAZEPAM, DESMETHYLDIAZEPAM		
OXAZEPAM, TEMAZEPAM		
ALPRAZOLAM, ALPHA-OH-ALPRAZOLAM		
LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM		
HYDROXYETHYLFLURAZEPAM, 7-AMINOCLONAZEPAM		150 NG/ML
ALPHA-HYDROXYMIDAZOLAM	300 NG/ML	
COCAINE METABOLITE	300 NG/ML	
OPIATES		300 NG/ML
CODEINE		300 NG/ML
MORPHINE		300 NG/ML
HYDROCODONE		100 NG/ML
HYDROMORPHONE		
OXYCODONE	100 NG/ML	

REPORT CONTINUED ON NEXT FORM

14/24/2017 07:33:39

Medtox Laboratories - AG:FAKXELLAT BT: 64397001

CONTINUED REPORT
 MEDTOX LABORATORIES INC.
 402 WEST COUNTY ROAD D
 ST PAUL, MN 55112
 651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 47469
 EMPLOYER:
 MRO: STEPHANIE MATUSZAK, MD
 WELL AT WORK
 3949 N MAIN ST STE D
 FINDLAY, OH 45840

Accession #: 65600535
 Specimen I.D.: E33458686
 Donor Name/ID: GREER, LAURA
 SSN: 300-60-3228
 Age: Sex:
 Reason for test: Random

General Information
 47469

Date Collected	Date Received	Date Reported
04/19/2017 10:12	04/20/2017	04/24/2017 7:31AM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML
TRAMADOL	200 NG/ML	100 NG/ML
MEPERIDINE	200 NG/ML	100 NG/ML

ALTERNATIVE EXPLANATIONS SHOULD BE EXPLORED FOR POSITIVE RESULTS.
 THIS PANEL INCLUDES TESTING FOR SPECIMEN VALIDITY.

**SOME COMPONENTS OF THE TEST PANEL WERE DEVELOPED AND PERFORMANCE CHARACTERISTICS DETERMINED BY LABCORP. THEY HAVE NOT BEEN CLEARED OR APPROVED BY THE FOOD AND DRUG ADMINISTRATION.

Certified by: GREEN, LERH
 EXPANDED BENZODIAZEPINE CONFIRM
 ALPRAZOLAM
 ALPHA-HYDROXYALPRAZOLAM

389	ng/ml
453	ng/ml

QUANTITATIVE BENZODIAZEPINE CONFIRMATION INCLUDES DIAZEPAM, DESMETHYLDIAZEPAM, OXAZEPAM, TEMAZEPAM, ALPRAZOLAM, ALPHA-HYDROXYALPRAZOLAM, HYDROXYETHYLFLURAZEPAM, LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM, ALPHA-HYDROXYMIDAZOLAM, 7-AMINOCLONAZEPAM AT A THRESHOLD OF 100 ng/mL.
 ANALYSIS PERFORMED BY LIQUID CHROMATOGRAPHY/TANDEM MASS SPECTROMETRY (LC/MS/MS).

** FINAL REPORT **

Collected at 4194255121 MEDTOX collection site #607
 WELL AT WORK - FINDLAY
 FINDLAY, OH

GREER 0008

Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name (Print) Laura Greer
 B: SSN or Employee ID No. 300-100-3228
 C: Employer Name University Hospitals
 Street 3001 Shore Road
 City, State, Zip Cleveland, OH 44102
 Telephone No. 216-792-1234
 D: Reason for Test:
☐ Random Inmate
☐ Reasonable Susp.
☐ Post-Accident
☐ Return to Duty
☐ Follow-up
☐ Pre-employment

DEP Name Laura Greer
 DEP (Area Code & Phone Number) 216-792-1234

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Date: 04/19/17
 Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: K. BART ☐ SALIVA ☒ BREATH ☐ 15-minute ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE) write in the space below only if the testing device is not designed to print.

Test # 1 Testing Device/Model DR-1000 Device Serial # DR-1000 & Exp. Date 04/19/17 Reading Time 10:14 Result 0.00

CONFIRMATION TESTS: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Work at Work
 3349 N. Main St
 Findlay, OH 45410
 P(419) 425-5121
 F(419) 425-5738

Company Street Address
 Company City, State, Zip
 Phone Number (Area Code & Number) 419/425-5121

Date: 04/19/17
 Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employer [Signature]
 Date: 04/19/17
 Month / Day / Year

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

5363 (Rev. 2/14)

& Affix With Tamper Evident Tape

Affix Or Print

Affix With Tamper Evident Tape

Affix Or Print

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any NE 8/28/17

August 16, 2017

University Hospitals Case M.C
Attn: Laura Fernandez
MCCO 6th Floor, 11100 Euclid A
Mail Stop 6035B
Cleveland, OH 44106

RE: Laura Greer
SSN 300-60-3228

Dear Laura,

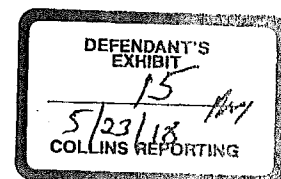
This letter is in regards to the drug screen collected by Well at Work on August 4, 2017 from Laura Greer. As the Medical Review Officer for this test, a legitimate medical prescription was found to be in use containing the compounds found in the urine specimen. This prescription has been confirmed. Because there is a legitimate medical reason for the presence of this compound, this drug test is declared negative. However, I would like you to be aware that the medication may have side effects that may represent a Safety-Sensitive issue. The employee's personal physician may be a better judge of how the individual will react to the medications.

Please feel free to contact me if you have any further questions or concerns.

Sincerely,

Lawrence Kale MD MRO

Lawrence Kale, MD, MRO
Well at Work
LK/sss



18/12/2017 14:42:02

Medtox Laboratories - AG:FRAXWELLAT BT: 64587889

Jennifer A. Collins, Ph.D.

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

LABORATORY REPORT

Account #: 47469
EMPLOYER:
LAWRENCE A KALE, MD
WELL AT WORK
3949 N MAIN ST STE D
FINDLAY, OH 45840

Accession #: G6367642
Specimen I.D.: 233926002
Donor Name/ID: GREER, LAURA
SSN: 300-60-3228
Age: Sex:
Reason for test: Random

General Information
47469

Date Collected	Date Received	Date Reported
08/04/2017 10:58	08/05/2017	08/12/2017 2:39PM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN 96042	POSITIVE	ng/ml
DRUG TEST RESULT	NEGATIVE	ng/ml
AMPHETAMINES	NEGATIVE	ng/ml
BARBITURATES	+++POSITIVE+++	ng/ml
BENZODIAZEPINES	NEGATIVE	ng/ml
COCAINE METABOLITE	NEGATIVE	ng/ml
OPIATES	NEGATIVE	ng/ml
OXYCODONE	NEGATIVE	ng/ml
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml
MARIJUANA METABOLITE (THC)	NEGATIVE	ng/ml
METHADONE	NEGATIVE	ng/ml
PROPOXYPHENE	NEGATIVE	ng/ml
TRAMADOL	NEGATIVE	ng/ml
MEPERIDINE	63.7	ng/dl > = 20
CREATININE	NEGATIVE	mcg/ml < 200
NITRITES		

THIS SPECIMEN WAS SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT HAS BEEN CONFIRMED BY CHROMATOGRAPHY WITH MASS SPECTROMETRY. THE FOLLOWING THRESHOLD CONCENTRATIONS WERE USED FOR THIS ANALYSIS

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
AMPHETAMINES	1000 NG/ML	500 NG/ML
AMPHETAMINE		500 NG/ML
METHAMPHETAMINE		500 NG/ML
MDMA		500 NG/ML
MDA		200 NG/ML
MDEA		100 NG/ML
BARBITURATES	300 NG/ML	
BENZODIAZEPINES	300 NG/ML	
DIAZEPAM, DESMETHYLDIAZEPAM		
OXAZEPAM, TEMAZEPAM		
ALPRAZOLAM, ALPHA-OH-ALPRAZOLAM		
LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM		
HYDROXYETHYLFLURAZEPAM, 7-AMINOCLONAZEPAM		150 NG/ML
ALPHA-HYDROXYMIDAZOLAM	300 NG/ML	
COCAINE METABOLITE	300 NG/ML	
OPIATES		300 NG/ML
CODEINE		300 NG/ML
MORPHINE		300 NG/ML
HYDROCODONE		100 NG/ML
HYDROMORPHONE		
OXYCODONE	100 NG/ML	

REPORT CONTINUED ON NEXT FORM

Called results

Entered

Faxed/Mailed

18/12/2017 14:42:02

Medtox Laboratories - PG:FAHCELLAT BT: 64587009

CONTINUED REPORT
 MEDTOX LABORATORIES INC.
 402 WEST COUNTY ROAD D
 ST PAUL, MN 58112
 651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 47469
 EMPLOYER:
 LAWRENCE A KALE, MD
 WELL AT WORK
 3949 N MAIN ST STE D
 FINDLAY, OH 45840

Accession #: G6367642
 Specimen I.D.: E33926002
 Donor Name/ID: GREER, LAURA
 SSN: 300-60-3228
 Age: Sex:
 Reason for test: Random

General Information
 47469

Date Collected	Date Received	Date Reported
08/04/2017 10:58	08/05/2017	08/12/2017 2:39PM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML
TRAMADOL	200 NG/ML	100 NG/ML
MEPERIDINE	200 NG/ML	100 NG/ML

ALTERNATIVE EXPLANATIONS SHOULD BE EXPLORED FOR POSITIVE RESULTS.
 THIS PANEL INCLUDES TESTING FOR SPECIMEN VALIDITY.

**SOME COMPONENTS OF THE TEST PANEL WERE DEVELOPED AND PERFORMANCE CHARACTERISTICS DETERMINED BY LABCORP. THEY HAVE NOT BEEN CLEARED OR APPROVED BY THE FOOD AND DRUG ADMINISTRATION.

Certified by: PAGEL, BECKY
 EXPANDED BENZODIAZEPINE CONFIRM
 ALPRAZOLAM
 ALPHA-HYDROXYALPRAZOLAM

1140 ng/ml
 2182 ng/ml

QUANTITATIVE BENZODIAZEPINE CONFIRMATION INCLUDES DIAZEPAM, DESMETHYLDIAZEPAM, OXAZEPAM, TEMAZEPAM, ALPRAZOLAM, ALPHA-HYDROXYALPRAZOLAM, HYDROXYETHYLFLURAZEPAM, LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM, ALPHA-HYDROXYMIDAZOLAM, 7-AMINOCLONAZEPAM AT A THRESHOLD OF 100 ng/mL.
 ANALYSIS PERFORMED BY LIQUID CHROMATOGRAPHY/TANDEM MASS SPECTROMETRY (LC/MS/MS).

** FINAL REPORT **

Collected at 4194255121 MEDTOX collection site #607
 WELL AT WORK - FINDLAY
 FINDLAY, OH

Well at Work
MRO Analysis Form

Name:	Patricia ID:	Birth Date:	Phone:
Laura A. Greer	300-60-3228	01-12-1970	419-957-2459
Employer:	Contact Name:	Phone:	Fax:
University Hospitals Case M. C.	Mary ARman	216-844-4828	216-844-3990
Collector:	Amber Young	419-425-5121	419-425-5738
Lab:	MEDTOX	800-832-3244	
Collection Date:	Test Type:	Specimen ID:	Collection Protocol:
8/4/2017	RT	Z33926002	COLLPROT

Lab Results:

Substance	Lab Result	Lab Level	Finding
Amp Exp	Negative	0	
Barbiturates (Urine) 5620	Negative	0	
Benzodiazepines 5630	Positive	2,182.0000	
Cocaine Metabolite 5640	Negative	0	
Marijuana Metabolite 5671	Negative	0	
Meperidine 5730	Negative	0	
Methadone 5680	Negative	0	
Opiates (Urine) 5650	Negative	0	
Oxycodone - Urine 5653	Negative	0	
Phencyclidine 5660	Negative	0	
Propoxyphene 5700	Negative	0	
TRAMADOL 5720	Negative	0	

☐ Review Chain of Custody Documents:
☐ Acceptable ☐ Unacceptable (explain): _____

 Employee Notification Phone Log:
 Phone _____ Date/Time _____

Response

☐ If unable to notify employee, company's Drug Test Program Coordinator
 notified, Date: 1/1 Name: _____

☐ Notify employee of positive results

☐ Review possible legitimate reasons for a positive result
 Employee's Reason(s) given for Positive Test: _____

Prescription Medicine(s) being taken: _____

☐ Notify right to request split sample within 72 hours

☐ Waives

☐ Requests Split

Final Result:

☐ Positive

☒ Negative

☐ Canceled

☐ Dilute

☐ Refused-Adulterated

☐ Refused-Substituted

Verified On:

8/15/17

 LAWRENCE KALE, MD
 Medical Review Officer

☐ Notify employer of results

Contact: Mary

Phone: _____

Date: 8/16/17

Time: _____

Comments:

Printed on: 08/14/2017 1:50:01AM

VAREPORTSUSCREENINGMRO ANALYSIS FORM_<h>v7.32400187

Page 1

GREER 0006

18/14/2017 14:13:11

Medtox Laboratories - ENG:FRANKELLAT BT: 64589804

Jennifer A. Collins, Ph.D.

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

LABORATORY REPORT

Account #: 47469
EMPLOYER: _____
LAWRENCE A KALE, MD
WELL AT WORK
3949 N MAIN ST STE D
FINDLAY, OH 45840

Accession #: G6382185
Specimen I.D.: 233925821
Donor Name/ID: GREER, LAURA
SSN: 300-60-3228
Age: Sex:
Reason for test: Random

General Information

Date Collected	Date Received	Date Reported
08/07/2017 11:18	08/08/2017	08/14/2017 2:10PM

TEST(S) REQUESTED	RESULTS	UNITS	THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN 96042	POSITIVE	ng/ml	
DRUG TEST RESULT	NEGATIVE	ng/ml	
AMPHETAMINES	NEGATIVE	ng/ml	
BARBITURATES	+++POSITIVE+++	ng/ml	
BENZODIAZEPINES	NEGATIVE	ng/ml	
COCAINE METABOLITE	NEGATIVE	ng/ml	
OPIATES	NEGATIVE	ng/ml	
OXYCODONE	NEGATIVE	ng/ml	
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml	
MARIJUANA METABOLITE (THC)	NEGATIVE	ng/ml	
METHADONE	NEGATIVE	ng/ml	
PROPOXYPHENE	NEGATIVE	ng/ml	
TRAMADOL	NEGATIVE	ng/ml	
MEPERIDINE	133.2	ng/dl	> = 20
CREATININE	NEGATIVE	mcg/ml	< 200
NITRITES			

THIS SPECIMEN WAS SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT HAS BEEN CONFIRMED BY CHROMATOGRAPHY WITH MASS SPECTROMETRY. THE FOLLOWING THRESHOLD CONCENTRATIONS WERE USED FOR THIS ANALYSIS

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
AMPHETAMINES	1000 NG/ML	500 NG/ML
AMPHETAMINE		500 NG/ML
METHAMPHETAMINE		500 NG/ML
MDMA		500 NG/ML
MDA		200 NG/ML
MDEA		100 NG/ML
BARBITURATES	300 NG/ML	
BENZODIAZEPINES	300 NG/ML	
DIAZEPAM, DESMETHYLDIAZEPAM		
OXAZEPAM, TEMAZEPAM		
ALPRAZOLAM, ALPHA-OH-ALPRAZOLAM		
LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM		
HYDROXYETHYLELURAZEPAM, 7-AMINOCLONAZEPAM		150 NG/ML
ALPHA-HYDROXYMIDAZOLAM	300 NG/ML	
COCAINE METABOLITE	300 NG/ML	
OPIATES		300 NG/ML
CODEINE		300 NG/ML
MORPHINE		300 NG/ML
HYDROCODONE		300 NG/ML
HYDROMORPHONE		100 NG/ML
OXYCODONE	100 NG/ML	

REPORT CONTINUED ON NEXT FORM

18/14/2017 14:13:12

Medtox Laboratories - RG:FACELLAT BT: 64589004

Jennifer A. Collins, Ph.D.

CONTINUED REPORT
 MEDTOX LABORATORIES INC.
 402 WEST COUNTRY ROAD D
 ST PAUL, MN 55112
 651-636-7466

LABORATORY REPORT

Account #: 47469
 EMPLOYER:
 LAWRENCE A KALE, MD
 WELL AT WORK
 3949 N MAIN ST STE D
 FINDLAY, OH 45840

Accession #: G6382185
 Specimen I.D.: Z33925821
 Donor Name/ID: GREER, LAURA
 SSN: 300-60-3228
 Age: Sex:
 Reason for test: Random

Date Collected	Date Received	Date Reported
08/07/2017 11:18	08/08/2017	08/14/2017 2:10PM

General Information

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML
TRAMADOL	200 NG/ML	100 NG/ML
MEPERIDINE	200 NG/ML	100 NG/ML

ALTERNATIVE EXPLANATIONS SHOULD BE EXPLORED FOR POSITIVE RESULTS.
 THIS PANEL INCLUDES TESTING FOR SPECIMEN VALIDITY.

**SOME COMPONENTS OF THE TEST PANEL WERE DEVELOPED AND PERFORMANCE CHARACTERISTICS DETERMINED BY LABCORP. THEY HAVE NOT BEEN CLEARED OR APPROVED BY THE FOOD AND DRUG ADMINISTRATION.

Certified by: MARZITELLI, SUSULA
 EXPANDED BENZODIAZEPINE CONFIRM
 ALPRAZOLAM

1621

ng/ml

QUANTITATIVE BENZODIAZEPINE CONFIRMATION INCLUDES DIAZEPAM, DESMETHYLDIAZEPAM, OXAZEPAM, TEMAZEPAM, ALPRAZOLAM, ALPHA-HYDROXYALPRAZOLAM, HYDROXYETHYLFLURAZEPAM, LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM, ALPHA-HYDROXYMIDAZOLAM, 7-AMINOCLONAZEPAM AT A THRESHOLD OF 100 ng/mL.
 ANALYSIS PERFORMED BY LIQUID CHROMATOGRAPHY/TANDEM MASS SPECTROMETRY (LC/MS/MS).

** FINAL REPORT **

Collection Site Phone Number NOT PROVIDED

Well at Work
MRO Analysis Form

Name:	Patient ID:	Birth Date:	Phone:
Laura A. Greer	300-60-3228	01-12-1970	419-957-2459
Contacts:	Contact Name:	Phone:	Phone:
Employer:	University Hospitals Case M. C.	Mary Armao	216-844-4828
Collector:	Well At Work	Amber Young	419-425-5121
Lab:	MEDTOX		800-832-3244
Collection Date:	8/4/2017	Specimen ID:	Z33926002
Test Type:	RT	Collection ID:	COLLPROT

Lab Results:

Substance	Lab Result	Lab Level	Finding
Amp Exp	Negative	0	
Barbiturates (Urine) 5620	Negative	0	
Benzodiazepines 5630	Positive	2,182.0000	
Cocaine Metabolite 5640	Negative	0	
Marijuana Metabolite 5671	Negative	0	
Meperidine 5730	Negative	0	
Mefenadone 5680	Negative	0	
Opiates (Urine) 5650	Negative	0	
Oxycodone - Urine 5653	Negative	0	
Phencyclidine 5660	Negative	0	
Propoxyphene 5700	Negative	0	
TRAMADOL 5720	Negative	0	

- ☐ Review Chain of Custody Documents:
 ☐ Acceptable ☐ Unacceptable (explain): _____

Employee Notification Phone Log:
 Phone _____ Date/Time _____

Response

- ☐ If unable to notify employee, company's Drug Test Program Coordinator
 notified. Date: 8/1/17 Name: _____

- ☐ Notify employee of positive results

- ☐ Review possible legitimate reasons for a positive result
 Employee's Reason(s) given for Positive Test: _____

Prescription Medicine(s) being taken:

- ☐ Notify right to request split sample within 72 hours

Waives

Requests Split

Final Result:

☐ Positive☒ Negative☐ Canceled☐ Dilute☐ Refused-Adulterated☐ Refused-Substituted

Lawrence KALE
 LAWRENCE KALE, MD
 Medical Review Officer

Verified On:

KALE

- ☐ Notify employer of results

Contact:

Macy

Phone:

Date:

8/16/17

Time:

Comments:

Printed on: 08/14/2017 3:39:06PM

V:\REPORTS\SCREENING\MRO ANALYSIS FORM_<5>v7.32*#0187

COPY



SHARON VALLEY HEALTH SYSTEM

3949 N. Main St. Suite D
Findlay, OH 45840
Phone: 419-425-5121
Fax: 419-425-5738

Date: 7/25/2016

Re: MRO Verification for Donor: Laura Greer SSN: 300-60-3228

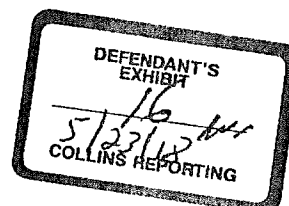
Information for EAP / SAP regarding Positive Drug Screen

Dear SAP Provider:

A Reasonable Suspicion drug screen was collected at our office for Laura Greer on 7-12-2016, and I performed the MRO verification for this test. The drug levels found on the test are attached.

When Ms. Greer came to our office for collection on 7-12-2016, she appeared obviously sedated, slurring her words, sleepy, ataxic, bending forward, leaning on the walls to support herself walking, and vomited in the office while speaking to the receptionist. When I spoke to her on the phone at 12:21 pm on 7-20-2016, she sounded similarly sleepy, slurring her words and repeating herself. She reported at that time that on July 10th she had a 13 hour migraine not responsive to 2 Imitrex tablets, and as she had no oxycodone left from a December 2015 prescription, she took one belonging to her sister-in-law. She stated she had taken some cough syrup and her usual prescription of sleeping medication. Then she states she was notified on July 12th that she was on administrative leave due to slurring her speech. She states she was very upset, so upset that she dug through her old travel medications and found a pill bottle into which she had put some old medications for travel, including a few old leftover alprazolam tablets, and took one because she was so upset. She states she was then notified that she had to present for a drug screen. We were able to establish the presence of several prescriptions for alprazolam 0.5 and 0.25 mg from late 2013, as late as 11/1/2013, with a weaning dosage and quantity over several months. Ms. Greer presented to the office again in person on 7-25-2016 with a note from an ENT physician stating that she has a "mild weakness of the right vocal cord due to superior laryngeal nerve palsy. This would be an effect of the previous thyroid surgery on the right side. This will cause a weak or more breathy voice." The note does not mention slurring. On presentation today, the donor appeared alert and oriented. She did have a slightly breathy or hoarse and deliberate speech pattern, but was not slurring her words, ambulated without difficulty, and did not appear to be confused. She did repeat herself a few times, but appeared to be in an attempt to make a point about the facts of her case. She produced an old pill bottle from late 2013 with several old-appearing tablets in it, including what resembles 2 different doses of alprazolam.

I explained to the donor that I need to report the oxycodone as Positive, because she took another person's medication. The alprazolam can be reported as Negative due to the identified legitimate prescription, although it is



GREER 0006

COPY



Blackboard Health Group, Inc.

3949 N. Main St. Suite D
Findlay, OH 45840
Phone: 419-425-5121
Fax: 419-425-5738

Date: 7/25/2016

Re: Laura Greer
SSN: 300-60-3228

DER: Laura Fernandez
Employer: University Hospitals Case Medical Center

This letter is in regard to the Reasonable Suspicion drug screen collected on 7/12/2016 from Laura Greer. It is my unfortunate duty to report that the test was "Positive" for Oxycodone. The donor had a prescription for oxycodone in the past, but admits that she was out of this medication, had acute pain on the day prior to her drug screen and took an oxycodone belonging to her sister-in-law. The test is "Negative" for another scheduled and potentially sedating medication, for which the donor can produce a more remote prescription.

As the Medical Review Officer for this test, I was not able to confirm the existence of a legitimate medical prescription in use for the chemical detected in the specimen based upon the donor's verbal report of using medication prescribed for someone else. The donor has been successfully contacted for notification of the results and discussion of the implications. For urine drug screens, the donor was offered an opportunity to request retesting by an alternate lab of the "split specimen" collected at the same time as the original drug test, and the donor waives this reconfirmation test.

Please keep this letter and a copy of the chain of custody record in a confidential file, separate from your employee's personnel file, to verify that the collection procedure was proper, and that your employee's specimen was secured throughout the testing and reporting process.

Please feel free to contact me if you have any further questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie A. Matuszak".
Stephanie A. Matuszak, MD, MRO

18/27/2017 10:05:58

Medtox Laboratories - AG: FAYHILL ST: 64522003

CONTINUED REPORT
 MEDTOX LABORATORIES INC.
 402 WEST COUNTY ROAD D
 ST PAUL, MN 55112
 651-636-7466

Jennifer A. Collins, Ph.D.

COPY

LABORATORY REPORT

Account #: 47469
 EMPLOYER:
 LAWRENCE A KALE, MD
 WELL AT WORK
 3949 N MAIN ST STE D
 FINDLAY, OH 45840

Accession #: G6479342
 Specimen I.D.: Z34537225
 Donor Name/ID: GREER, LAURA
 SSN: 300-60-3228
 Age: Sex:
 Reason for test: Random

General Information

Date Collected	Date Received	Date Reported
08/21/2017 10:38	08/22/2017	08/27/2017 10:03AM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML
TRAMADOL	200 NG/ML	100 NG/ML
MEPERIDINE	200 NG/ML	100 NG/ML

ALTERNATIVE EXPLANATIONS SHOULD BE EXPLORED FOR POSITIVE RESULTS.
 THIS PANEL INCLUDES TESTING FOR SPECIMEN VALIDITY.

**SOME COMPONENTS OF THE TEST PANEL WERE DEVELOPED AND PERFORMANCE CHARACTERISTICS DETERMINED BY LABCORP. THEY HAVE NOT BEEN CLEARED OR APPROVED BY THE FOOD AND DRUG ADMINISTRATION.

Certified by: FALKOFSKE, JENNIFER
 EXPANDED BENZODIAZEPINE CONFIRM
 ALPRAZOLAM 2074 ng/ml
 ALPHA-HYDROXYALPRAZOLAM 3588 ng/ml

QUANTITATIVE BENZODIAZEPINE CONFIRMATION INCLUDES DIAZEPAM, DESMETHYLDIAZEPAM, OXAZEPAM, TEMAZEPAM, ALPRAZOLAM, ALPHA-HYDROXYALPRAZOLAM, HYDROXYETHYLFLURAZEPAM, LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM, ALPHA-HYDROXYMIDAZOLAM, 7-AMINOCLONAZEPAM AT A THRESHOLD OF 100 ng/mL.
 ANALYSIS PERFORMED BY LIQUID CHROMATOGRAPHY/TANDEM MASS SPECTROMETRY (LC/MS/MS).

** FINAL REPORT **

Collected at 4194255121 MEDTOX collection site #607
 WELL AT WORK - FINDLAY
 FINDLAY, OH

18/27/2017 10:05:49

Medtox Laboratories - AG:FAHWEILLAT BT: 64522003

Jennifer A. Collins, Ph.D.

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

LABORATORY REPORT

Account #: 47469
EMPLOYER:
LAWRENCE A KALE, MD
WELL AT WORK
3949 N MAIN ST STE D
FINDLAY, OH 45840

Accession #: G6479342
Specimen I.D.: Z34537225
Donor Name/ID: GREER, LAURA
SSN: 300-60-2228
Age: Sex:
Reason for test: Random

General Information

Date Collected	Date Received	Date Reported
08/21/2017 10:38	08/22/2017	08/27/2017 10:03AM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN 95042	POSITIVE	ng/ml
DRUG TEST RESULT	NEGATIVE	ng/ml
AMPHETAMINES	NEGATIVE	ng/ml
BARBITURATES	+++POSITIVE+++	ng/ml
BENZODIAZEPINES	NEGATIVE	ng/ml
COCAINE METABOLITE	NEGATIVE	ng/ml
OPIATES	NEGATIVE	ng/ml
OXYCODONE	NEGATIVE	ng/ml
PHENCYCLIDINE (PCR)	NEGATIVE	ng/ml
MARIJUANA METABOLITE (THC)	NEGATIVE	ng/ml
METHADONE	NEGATIVE	ng/ml
PROPOXYPHENE	NEGATIVE	ng/ml
TRAMADOL	NEGATIVE	ng/ml
MEPERIDINE	92.8	ng/dl > = 20
CREATININE	NEGATIVE	mcg/ml < 200
NITRITES		

THIS SPECIMEN WAS SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT HAS BEEN CONFIRMED BY CHROMATOGRAPHY WITH MASS SPECTROMETRY. THE FOLLOWING THRESHOLD CONCENTRATIONS WERE USED FOR THIS ANALYSIS

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
AMPHETAMINES	1000 NG/ML	500 NG/ML
AMPHETAMINE		500 NG/ML
METHAMPHETAMINE		500 NG/ML
MDMA		500 NG/ML
MDA		500 NG/ML
HDEA		200 NG/ML
BARBITURATES	300 NG/ML	100 NG/ML
BENZODIAZEPINES	300 NG/ML	
DIAZEPAM, DESMETHYLDIAZEPAM		
OXAZEPAM, TEMAZEPAM		
ALPRAZOLAM, ALPHA-OH-ALPRAZOLAM		
LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM		
HYDROXYETHYLFLURAZEPAM, 7-AMINOCLONAZEPAM		150 NG/ML
ALPHA-HYDROXYMIDAZOLAM	300 NG/ML	
COCAINE METABOLITE	300 NG/ML	
OPIATES		300 NG/ML
CODEINE		300 NG/ML
MORPHINE		300 NG/ML
HYDROCODONE		300 NG/ML
HYDROMORPHONE		100 NG/ML
OXYCODONE	100 NG/ML	

REPORT CONTINUED ON NEXT FORM

COPY

17/19/2016 18:43:22

Medtox Laboratories - AG:FAUCIALLAT BT: 64118818

COPY

Page: 2 of 2

CONTINUED REPORT

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 47469

EMPLOYER:

KRO: STEPHANIE MATUSZAK, MD
WELL AT WORK
3949 N MAIN ST STE D
FINDLAY, OH 45840

Accession #: G3606881

Specimen I.D.: 232049168

Donor Name/ID: GREER, LAURA

SSN: 300-60-3228

Age: Sex:

Reason for test: Reasonable Suspicion/Cause

General Information

47469

Date Collected	Date Received	Date Reported
07/12/2016 16:18	07/14/2016	07/19/2016 6:38PM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML
TRAMADOL	200 NG/ML	100 NG/ML
NEPERIDINE	200 NG/ML	100 NG/ML

ALTERNATIVE EXPLANATIONS SHOULD BE EXPLORED FOR POSITIVE RESULTS.
THIS PANEL INCLUDES TESTING FOR SPECIMEN VALIDITY.

Certified by: LANGER, CRAIG

EXPANDED BENZODIAZEPINE CONFIRM

ALPRAZOLAM	1664	✓	ng/ml
ALPHA-HYDROXYALPRAZOLAM	2497	✓	ng/ml

QUANTITATIVE BENZODIAZEPINE CONFIRMATION INCLUDES DIAZEPAM, DESMETHYLDIAZEPAM, OXAZEPAM, TEMAZEPAM, ALPRAZOLAM, ALPHA-HYDROXYALPRAZOLAM, HYDROXYETHYLFLURAZEPAM, LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM, ALPHA-HYDROXYMIDAZOLAM, 7-AMINOCLOBAZEPAM AT A THRESHOLD OF 100 ng/ml.
ANALYSIS PERFORMED BY LIQUID CHROMATOGRAPHY/TANDEM MASS SPECTROMETRY (LC/MS/MS).

OXYCODONE CONFIRMATION

OXYCODONE	2930	✓	ng/ml
OXYNORPHONE	794	✓	ng/ml

** FINAL REPORT **

Collected at 4194255121 MEDTOX collection site #607
WELL AT WORK - FINDLAY
FINDLAY, OH

GREER 000638

7/19/2016 18:43:22

Medtox Laboratories - AG:FRXJELLAT BT: 64118810

Page: 1 of 2

COPY

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 47469
EMPLOYER:
MRO: STEPHANIE MATOSZAK, MD
WELL AT WORK
3949 N MAIN ST STE D
FINDLEY, OH 45840

Accession #: G3606881 ✓
Specimen I.D.: Z32049168 ✓
Donor Name/ID: GREER, LAURA ✓
SSN: 300-60-3228 ✓
Age: Sex:
Reason for test: Reasonable Suspicion/Cause

General Information
47469

Date Collected	Date Received	Date Reported
07/12/2016 16:18	07/14/2016	07/19/2016 6:38PM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN		
DRUG TEST RESULT	POSITIVE	
AMPHETAMINES	NEGATIVE	ng/ml
BARBITURATES	NEGATIVE	ng/ml
BENZODIAZEPINES	+++POSITIVE+++	ng/ml
COCAINE METABOLITE	NEGATIVE	ng/ml
OPiates	NEGATIVE	ng/ml
OXycodone	+++POSITIVE+++	ng/ml
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml
MARIJUANA METABOLITE (THC)	NEGATIVE	ng/ml
METHADONE	NEGATIVE	ng/ml
PROPOXYPHENE	NEGATIVE	ng/ml
TRAMADOL	NEGATIVE	ng/ml
HYPERIDINE	NEGATIVE	ng/ml
CREATININE	172.0	mg/dl > = 20
NITRATES	NEGATIVE	mcg/ml < 200

THIS SPECIMEN WAS SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT HAS BEEN CONFIRMED BY CHROMATOGRAPHY WITH MASS SPECTROMETRY. THE FOLLOWING THRESHOLD CONCENTRATIONS WERE USED FOR THIS ANALYSIS:

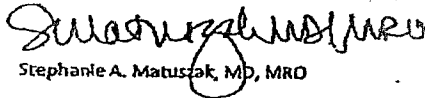
DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
AMPHETAMINES	1000 NG/ML	
AMPHETAMINE		500 NG/ML
METHAMPHETAMINE		500 NG/ML
MDA		500 NG/ML
HDA		500 NG/ML
HDEA		500 NG/ML
BARBITURATES	300 NG/ML	200 NG/ML
BENZODIAZEPINES	300 NG/ML	100 NG/ML
DIAZEPAM, DESMETHYLDIAZEPAM		
OXAZEPAM, TEMAZEPAM		
ALPRAZOLAM, ALPRA-OL-ALPRAZOLAM		
LORAZEPAM, ALPRA-HYDROXYTRIAZOLAM		
HYDROXYETHYLFLURAZEPAM,		
ALPRA-HYDROXYMIDAZOLAM, 7-AMINOCLONAZEPAM		
COCAINE METABOLITE	300 NG/ML	150 NG/ML
OPiATES	300 NG/ML	
CODEINE		300 NG/ML
MORPHINE		300 NG/ML
HYDROCODONE		300 NG/ML
HYDROMORPHONE		300 NG/ML
OXycodone	100 NG/ML	100 NG/ML

REPORT CONTINUED ON NEXT FORM

COPY

a sedating medication. I hope Ms. Greer's case will have a successful outcome in her EAP / SAP assessment and treatment. If further information is needed, please contact our office.

Sincerely,


Stephanie A. Matuszak, MD, MRO



Corrective Action

Employees Name: Laura Greer

Job Title: HDP Claims Processor I

Department: HDP Claims-70005

Employee ID: 1167786

Purpose of Report (Check One)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Confirmation of Counseling | <input type="checkbox"/> Final Warning |
| <input type="checkbox"/> Warning | <input type="checkbox"/> Discharge |

Describe event(s) in detail:

As you know, the UH HR-71 Attendance policy states that any employee who accumulates 6 occurrences of unscheduled absences within any consecutive 12-month period will be subject to progressive corrective action up to and including discharge. Each occurrence after the first 6 will progress the level of action taken depending on where the employee is in the corrective action process at the time of the attendance infraction. A recent review of your attendance shows that you were absent from work on the following dates, and in violation of UH policy.

- 12/27/16 – 8 hours
- 2/3/17 – 8 hours
- 2/10/17 – 8 hours
- 3/1/17 – 8 hours
- 5/3/17, 5/4/17, 5/5/17, 5/9/17, 5/10/17, 5/11/17 & 5/12/17- 51 hours
- 6/5/17 & 6/6/17 – 16 hours
- 6/13/17 - 8 hours
- 6/14/17 – 8 hours
- 6/15/17 - 8 hours
- 6/30/17 – 7.48 hours
- 7/27/17 – 8 hours
- 7/28/17 – 6 hours
- 8/2/17 – 4.5 hours
- 8/17/17 – 8 hours

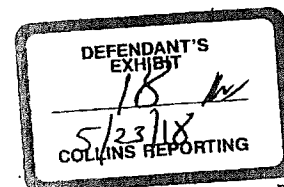
As a result of your excessive absenteeism, this corrective action is warranted.

Describe any previous action taken, and/or action needed going forward:

Laura, as reviewed with you on July 20, 2017, attendance is a major part of your work performance and you should report to work as scheduled so that department operations are not negatively impacted. Today, please take a moment to review HR 71 Attendance policy in detail. All UH policies are found on the UH Intranet. Should you have any questions regarding policy, please let me know.

Confidential

Cc: Manager, Human Resources, Employee File



Page 1 of 2
DEFENDANT 000149

CONFIDENTIAL

I am available to offer you any assistance or guidance you may need. It's important to note that I have applied for multiple leaves on your behalf in a genuine effort to help you get absences covered. As we've discussed, it is imperative that you complete and submit leave paperwork to Lisa Edgehouse in a timely manner. Going forward, I expect that you will adhere to the UH Attendance policy and work your assigned shifts. Continued failure to adhere to the Attendance policy and/or meet performance expectations will result in corrective action up to and including discharge from University Hospitals.

Supervisor Signature: [Signature] Title: Claims Manager Date: 9-21-17

I have read this report and have been given an opportunity to comment. My signature acknowledges that I have read and received a copy of this report. I understand that I may contact Stephanie Hodgkiss, HR Manager, to discuss questions or concerns related to this document including optional complaint resolution steps.

Employee's Signature: _____ Date: _____

Employee's Comments: _____

Confidential

Cc: Manager, Human Resources, Employee File



Corrective Action

Employees Name: Laura Greer **Job Title:** HDP Claims Processor I

Department: HDP Claims-70005 **Employee ID:** 1167786

Purpose of Report (Check One)

- ☐ Confirmation of Counseling
 ☒ Final Warning
 ☐ Warning
 ☐ Discharge

Describe event(s) in detail:

As previously discussed with you, the UH HR-71 Attendance policy states that any employee who accumulates 6 occurrences of unscheduled absences within any consecutive 12-month period will be subject to progressive corrective action up to and including discharge. Each occurrence after the first 6 will progress the level of action taken.

Laura, you failed to provide completed FMLA paperwork to cover your September absence. As a result, your FMLA request was recently denied on October 4, 2017 (see attached).

- 9-8-17 - 5 hours

You also failed to report for your scheduled EAP test on this date, which is in violation of UH EAP policy.

Laura, as reviewed with you, attendance is a major part of your work performance and you should report to work as scheduled so that department operations are not negatively impacted. It is also imperative that you complete and submit leave paperwork to Lisa Edgehouse in a timely manner and adhere to the testing protocols that you have agreed to with EAP.

I am available to offer you any assistance or guidance you may need. Please note that failure to adhere to the UH policy and/or meet performance expectations will result in corrective action up to and including discharge from University Hospitals.

Supervisor Signature: [Signature] Title: Claims Manager Date: 10-31-17

I have read this report and have been given an opportunity to comment. My signature acknowledges that I have read and received a copy of this report. I understand that I may contact Stephanie Hodgkiss, HR Manager, to discuss questions or concerns related to this document including optional complaint resolution steps.

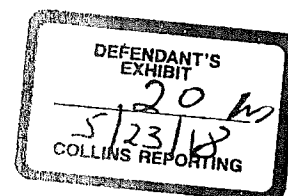
Employee's Signature: _____ Date: _____

Employee's Comments: _____

Confidential

Cc: Manager, Human Resources, Employee File

Page 1 of 1



GREER 000444

11/8/2017

Fw: Vacation 11-14-17 through 11-20-17

From: Laura Greer <lgreer1308@yahoo.com>
To: FLandry308 <flandry308@aol.com>
Subject: Fw: Vacation 11-14-17 through 11-20-17
Date: Tue, Nov 7, 2017 5:48 pm
Attachments: hr-71 Attendance 2017.pdf (108K)

Sent from Yahoo Mail on Android

----- Forwarded Message -----

From: "David Ferko" <DFerko@hdplus.com>
To: "Laura Baker" <LBaker@hdplus.com>
Cc: "lgreer1308@yahoo.com" <lgreer1308@yahoo.com>
Sent: Mon, Nov 6, 2017 at 3:01 PM
Subject: Vacation 11-14-17 through 11-20-17

Hi, Laura!

Tammy mentioned you contacted her on Sunday and referenced taking a vacation next week. Please note we don't have a vacation request on file for you, and you've exhausted your PTO bank. Since you have missed so much time away from work, and claims need processing, you don't have approval to take a vacation.

At this time, you can only have off for approved FMLA occurrences.

If you have any questions about this, please let me know.

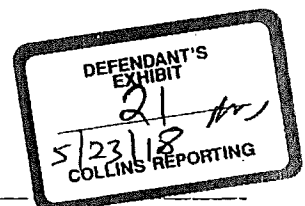
Thanks.

David Ferko

Manager - Claims Processing

Health Design Plus | 1755 Georgetown Road, Hudson, OH 44236

330.656.1072 x249 | dferko@hdplus.com



11/8/2017

FW: TIME OFF

From: Laura Baker <LBaker@hdplus.com>
To: 'FLANDRY308@AOL.COM' <FLANDRY308@AOL.COM>
Subject: FW: TIME OFF
Date: Tue, Nov 7, 2017 10:30 pm

From: Laura Baker
Sent: Wednesday, October 04, 2017 8:22 AM
To: David Ferko
Subject: TIME OFF

I NEED TO HAVE NOV 14-20 2017 OFF TO TRAVEL TX SEE MY SON GRADUATE FROM AIR FORCE BOOT CAMP AND SPEND TIME WITH HIM. I WILL RETURN ON THE 21ST

THANKS
LAURA

THIS MESSAGE AND OR ANY ATTACHMENTS IS INTENDED ONLY FOR PERSONAL AND CONFIDENTIAL USE OF THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that you have received this message in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this message in error, please notify the sender immediately by e-mail or telephone, and delete the original message immediately. Thank you.



University Hospitals

Corrective Action

Employee Name: Laura GreerJob Title: HDP Claims Processor IDepartment: HDP Claims-70005Employee ID: 1167786Purpose of Report (Check One)☐ Confirmation of Counseling☐ Final Warning☐ Warning☒ DischargeDescribe event(s) in detail:

As you know, the UH HR-71 Attendance policy states that any employee who accumulates 6 occurrences of unscheduled absences within any consecutive 12-month period will be subject to progressive corrective action up to and including discharge. Each occurrence after the first 6 will progress the level of action taken depending on where the employee is in the corrective action process at the time of the attendance infraction. A recent review of your attendance shows that you were absent from work on the following dates, and in violation of UH policy:

- 11/13/17 – 4 hours
- 11/14/17 – 8 hours
- 11/15/17 – 8 hours
- 11/16/17 – 8 hours
- 11/17/17 – 8 hours
- 11/20/17 – 8 hours

Describe any previous action taken, and/or action needed going forward:

Laura, it was thoroughly explained up front to you that you were not approved to take a vacation from 11/14/17 – 11-20-17 since you have exhausted all of your PTO and have missed so much time away from work. You were very aware that you would be terminated if you decided to travel. Human Resources and I discussed this with you in detail. Further, it was reviewed with you on multiple occasions that attendance is a major part of your work performance and you should report to work as scheduled so that department operations are not negatively impacted. You were given progressive corrective action for absenteeism as follows:

- Counseling – 9/21/17
- Final Warning – 10/31/17

I have been extremely flexible and accommodating to your many requests for time off to address various personal issues, Laura. After careful consideration, due to your willful violation of UH policy and excessive absenteeism, your employment is being terminated effective November 21, 2017.

Manager Signature: _____

Date: _____

11-22-17

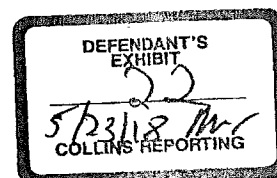
*Termination delivered via phone

I understand that I may contact Stephanie Hodgkiss, HR Manager, at 216.767.8475 to discuss questions or concerns related to this document including optional complaint resolution steps. Payroll can be reached at 216.983.0500. Benefits can be reached at 1.877.471.7522.

Confidential

Cc: Manager, Human Resources, Employee File

Page 1 of 1



GREER 000431

Verywell
Seymour & Weiss LLP

APR 02 2018

CLEVELAND OFFICE

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO

LAURA GREER,)	CASE NO. 1:17-cv-001438
)	
Plaintiff,)	JUDGE SOLOMON OLIVER, JR.
)	
v.)	
)	
UNIVERSITY HOSPITALS HEALTH)	
SYSTEM, INC., et al.)	
)	
Defendants.)	

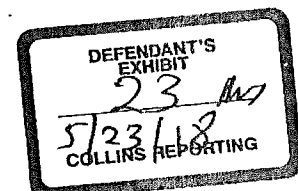
RESPONSES To:
DEFENDANT HEALTH DESIGN PLUS, INC.'S FIRST SET OF
REQUESTS FOR ADMISSION DIRECTED TO PLAINTIFF LAURA GREER

Pursuant to Rule 36 of the Federal Rules of Civil Procedure, Defendant Health Design Plus, Inc. ("HDPI") propounds the following requests for admission (the "Discovery Requests") to Plaintiff Laura Greer ("Plaintiff"). Plaintiff's responses to these Discovery Requests must be provided to the undersigned counsel for HDPI within thirty (30) days of service hercof.

DEFINITIONS

As used herein, the following words shall have the meanings indicated:

1. "You," "your," or "Plaintiff" mean and refer to Plaintiff Laura Greer, as well as her agents, representatives, attorneys, and every other person acting or purporting to act on her behalf, individually or collectively.
2. "Defendants" mean UHHS and Health Design Plus, Inc..
3. "UHHS" means Defendant University Hospitals Health Systems, Inc.
4. "HDPI" means Defendant Health Design Plus, Inc.
5. "Second Amended Complaint" means the Second Amended Complaint filed by Plaintiff in this action on or around February 13, 2018 against Defendants in the United States District Court, Northern District of Ohio captioned *Laura Greer v. University Hospitals Health*



System, Inc. et al., Case No. 1:17-CV-01438. "Second Amended Complaint" also includes Plaintiff's Complaint, which was filed on or around August 23, 2017, and Plaintiff's First Amended Complaint, which was filed on or around November 16, 2017.

6. "Litigation" means the captioned-lawsuit that you filed against Defendants.
7. "EAP" means Defendants' Employee Assistance Program.
8. "EAP Time Period" means the time period during your employment with Defendants when you were required to submit to the EAP.
9. "Drug Screen" means the EAP testing that you were required to submit to during the EAP Time Period.
10. "Counselor" means the EAP counselor assigned to Plaintiff during the EAP Time Period.
11. "Collection Site" means the location where Plaintiff was directed to submit to Drug Screens during the EAP Time Period.
12. "Collection Site Employees" mean the employees and contractors who worked at the Collection Site during the EAP Time Period.
13. "Absence or Absent" mean missing work, for any reason, on a day you were required to submit to a Drug Screen.
14. "Deployment" or "Deployed" means the Standard AEF (Air Expeditionary Force).
15. "Son" means Jonathon Allen Baker.
16. "Corrective Action" means the disciplinary notices that you received from Defendants.

17. "E-Mail" means the e-mail that you sent to all HDPI employees on November 13, 2017 that is attached hereto as Exhibit 1.

18. "Communications" means and includes any conversation or other oral or written contact, formal or informal, at any time or place, under any circumstances whatsoever, whereby information of any nature was transmitted or transferred, whether or not subsequently recorded in any document or ESI. "Communications" means and includes, without limitation, meetings, telephone conversations, discussions, memoranda, correspondence, e-mail communications, reports, executive summaries, briefings, and oral requests for information.

19. "Describe," when referring to a document or ESI, means to provide the title, subject, or file name, date, originator, addressee, and a brief description of the substance therein.

20. "Describe," when referring to an event or transaction, means to give the date, the names of the persons participating, the time of day, the place, and a brief description of all occurrences, statements, and conversations contiguous with and pertaining to that event.

21. "Documents and ESI" and "documents or ESI" are intended to be as comprehensive as the meaning provided in Rules 26 and 34 of the Federal Rules of Civil Procedure, and mean, without limitation, the original and any non-identical copy of any and all written, printed, typed, recorded, graphic, computer-generated, or other matter of any kind from which information can be derived, whether produced, reproduced, or stored on paper, cards, tape, film, electronic facsimile, computer-storage device, or any other medium in your possession, custody, or control. The terms include, without limiting the generality of the foregoing, all communications, letters, memoranda (whether of visits, telephone calls, or otherwise), appointment calendars, schedules, books, indices, printed forms (whether official or unofficial), publications, press releases, notices, brochures, pamphlets, guide books, manuals, instructions,

minutes, summaries or abstracts, reports, files, file jackets, data-processing cards, computer tapes, printouts, information contained in, on, or retrievable from computer programs, bulletins, written questions and answers, charts, blueprints, drawings, diagrams, graphs, tables, photographs, recordings, speeches, telegraphs, cables, telex messages, e-mails, microfilm, microfiche, opinions, studies, papers, analyses, evaluations, proposals, budget materials, invoices, financial statements, contracts, specifications, applications, motions, petitions, complaints, answers, responses, replies, protests, verified statements, transcripts, exhibits, attachments, reports, filings, submissions, pleadings, contracts, agreements, and forecasts. The terms shall include each copy that is not identical to the original or any other produced copy, as well as any preliminary drafts of any document or ESI or working paper relating thereto.

22. "ESI" means "electronically stored information," as that term is used in Rules 26 and 34 of the Federal Rules of Civil Procedure.

23. "Identify" or to provide the "identity of" means, with respect to any natural person, to state the full name, home address, business address, employer, and position or positions within each organization employing such person at the present time and at the time in question and, with respect to any other person (as defined in these definitions), to state its full name, address, principal place of business, and state of organization.

24. "Identify" or to provide the "identity of" means, with respect to any document, to set forth the date thereof, the title (if any), the name of the person or persons authoring such document, the name of the person or persons to whom such document was given or transmitted, the present location and custodian of such document, and the topic dealt with therein with reasonable specificity, and to describe the relevant page or pages and line or lines thereof (or

annex a copy to the responses to these Discovery Requests with appropriate designations of such page or pages and line or lines).

25. "Identify" or to provide the "identity of" means, with respect to any communication, to set forth the date and place thereof, the name of the person or persons making or issuing the communication, the name of the person or persons to whom and in whose presence such communication was made, and the substance thereof, and to identify each document in which such communication was recorded, described, or referenced.

26. "Person" means a natural person, proprietorship, corporation, partnership, limited liability company, joint venture, governmental entity, and each other form of organization or association.

27. "Pertaining to," "relating to," "pertain to," and "relate to," mean referring to, relating to, alluding to, responding to, discussing, commenting upon, showing, disclosing, analyzing, reporting about, explaining, mentioning, constituting, comprising, evidencing, setting forth, containing, summarizing, or characterizing, either directly or indirectly, in whole or in part, the given subject matter.

28. "And" and "or" as used herein are both conjunctive and disjunctive.

29. "Any" shall be construed to include "all," and "all" shall be construed to include "any."

30. "Each" shall be construed to include the word "every," and "every" shall be construed to include the word "each."

31. Where the context herein makes it appropriate, each singular word shall include its plural, and each plural word shall include its singular.

32. The present tense shall be construed to include the past tense, and the past tense shall be construed to include the present tense.

REQUESTS FOR ADMISSION

REQUEST FOR ADMISSION NO. 1:

Admit that you were required to submit to Drug Screens during the EAP Time Period.

RESPONSE:

*FOR ALL RESPONSES
SEE EXHIBIT "A"*

REQUEST FOR ADMISSION NO. 2:

Admit that you were Absent from the Drug Screens from August 21, 2017 through September 11, 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 3:

Admit that you were prescribed a Benzodiazepines in 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 4:

Admit that your use of Benzodiazepines in 2017 exceeded your prescription.

RESPONSE:

REQUEST FOR ADMISSION NO. 5:

Admit that the high dose of Benzodiazepines that you were taking negatively impacted your ability to perform the essential functions of your position with HDPI.

RESPONSE:

REQUEST FOR ADMISSION NO. 6:

Admit that you did not advise the physician who prescribed you the Benzodiazepines that you were taking doses that exceeded your prescription.

RESPONSE:

REQUEST FOR ADMISSION NO. 7:

Admit that you were Absent because you did not want to fail the Drug Screen.

RESPONSE:

REQUEST FOR ADMISSION NO. 8:

Admit that you had multiple Absences during the EAP Time Period.

RESPONSE:

REQUEST FOR ADMISSION NO. 9:

Admit that your Son was not Deployed in 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 10:

Admit that your Son had not received Deployment orders when you visited him in Texas in November of 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 11:

Admit that you were Absent for all of your Drug Screens in October of 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 12:

Admit that your Son did not receive Deployment orders in 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 13:

Admit that you received Corrective Actions on September 21, 2017 and October 31, 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 14:

Admit that you were advised, prior to your Texas trip, that if you traveled to Texas in November of 2017 it would lead to your discharge.

RESPONSE:

REQUEST FOR ADMISSION NO. 15:

Admit that the Corrective Action dated October 31, 2017 was a final warning.

RESPONSE:

REQUEST FOR ADMISSION NO. 16:

Admit that following the October 31, 2017 Corrective Action that you were absent from work on November 13, 2017, November 14, 2017, November 15, 2017, November 16, 2017, November 17, 2017, and November 20, 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 17:

Admit that you sent the E-Mail before your November of 2017 absences.

RESPONSE:

REQUEST FOR ADMISSION NO. 18:

Admit that you did not send any communications similar to the E-Mail prior to any of your other absences in 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 19:

Admit that you sent the E-Mail at the request of your counsel.

RESPONSE:

REQUEST FOR ADMISSION NO. 20:

Admit that you sent the E-Mail in an attempt to avoid discharge.

RESPONSE:

REQUEST FOR ADMISSION NO. 21:

Admit that you were employed by HDPI from 2001 through 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 22:

Admit that you attended Drug Screens as required from September of 2016 through August of 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 23:

Admit that you were Absent from 2017 Drug Screens because of your abuse of Benzodiazepines.

RESPONSE:

REQUEST FOR ADMISSION NO. 24:

Admit that you did not request any accommodations in 2016 or 2017 from HDPI.

RESPONSE:

REQUEST FOR ADMISSION NO. 25:

Admit that you could perform the essential functions of your Senior Clams Examiner position with HDPI in 2016 and 2017.

RESPONSE:

REQUEST FOR ADMISSION NO. 26:

Admit that you entered a rehabilitation program with Arrowhead Behavioral Health due to a Percocet addiction.

RESPONSE:

REQUEST FOR ADMISSION NO. 27:

Admit that your Percocet addiction impacted your performance with HDPI.

RESPONSE:

REQUEST FOR ADMISSION NO. 28:

Admit that you left the Arrowhead Behavioral Health rehabilitation program before you were released.

RESPONSE:

REQUEST FOR ADMISSION NO. 29:

Admit that Defendants provided you with multiple channels to complain about alleged harassment.

RESPONSE:

REQUEST FOR ADMISSION NO. 30:

Admit that you contacted the Collection Site multiple times a day during the EAP Time Period.

RESPONSE:

REQUEST FOR ADMISSION NO. 31:

Admit that you advised the Collection Site Employees of the Litigation.

RESPONSE:

REQUEST FOR ADMISSION NO. 32:

Admit that you advised the Counselor of the Litigation.

RESPONSE:

REQUEST FOR ADMISSION NO. 33:

Admit that you contacted your Counselor multiple times a day during the EAP Time Period.

RESPONSE:

Respectfully submitted,

/s/ Donald G. Slezak

David A. Campbell (0066494)

Gregory C. Scheiderer (0087103)

Donald G. Slezak (0092422)

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Cleveland, Ohio 44114

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dacampbell@vorys.com

gcscheiderer@vorys.com

dgslezak@vorys.com

*Attorneys for Defendants
University Hospitals Health System, Inc.
and Health Design Plus, Inc.*

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 19th day of February, 2018, a copy of the foregoing was served via electronic mail and regular US Mail to:

Francis J. Landry, Esq.
**WASSERMAN, BRYAN, LANDRY &
HONOLD, LLP**
1090 West South Boundary, Suite 500
Perrysburg, Ohio 43551
FLandry308@aol.com

/s/ Donald G. Slezak
Donald G. Slezak (0092422)
One of the Attorneys for Defendants

EXHIBIT 1

From: Laura Baker

Sent: Monday, November 13, 2017 4:11 PM

To: ALL <ALL@hdplus.com>

Subject:

Importance: High

I WILL BE OFF FROM 11/14-11/20 TIME HAS FLOWN BY FAST AND ITS TIME TO BE THE PROUDEST
MOTHER OF 2 ACTIVE DUTY AIR FORCE GENTLEMEN☺ ATLEAST IT WILL BE 80 DEGRESS IN TEXAS

LAURA GREER

EXHIBIT "A"

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
WESTERN DIVISION

LAURA A. GREER

Plaintiff

v.

UNIVERSITY HOSPITAL
HEALTH SYSTEM, INC. et
al.,

Defendants.

* Case No. 1:17CV1438

* Judge Solomon Oliver, Jr.

*

PLAINTIFF'S RESPONSES TO
DEFENDANT'S FIRST REQUESTS
FOR ADMISSIONS

*

* Francis J. Landry
* (0006072)

* WASSERMAN, BRYAN, LANDRY
* & HONOLD, LLP

* 1090 W. South Boundary St
* Suite 500

* Perrysburg, Ohio 43551

* Telephone: (419) 243-1239

* Facsimile: (419) 243-2719

* Attorney for Plaintiff

* Laura A. Greer

* * * * *

Now comes Plaintiff, Laura A. Greer, by and through undersigned counsel, and respectfully submits her responses to Defendant's First Requests for Admissions.

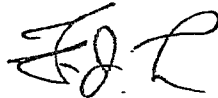
REQUEST NO. 1 Admit.



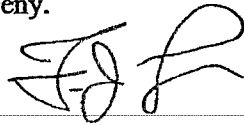
REQUEST NO. 2 Admit but qualified in that Plaintiff suffered from migraines at this time and any absences were covered under intermittent Family and Medical Leave.



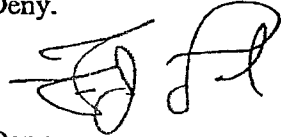
REQUEST NO. 3 Admit.



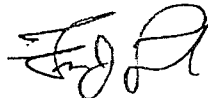
REQUEST NO. 4 Deny.



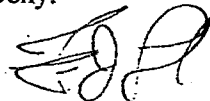
REQUEST NO. 5 Deny.



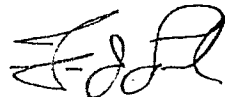
REQUEST NO. 6 Deny.



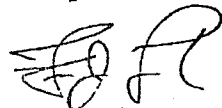
REQUEST NO. 7 Deny.



REQUEST NO. 8 Admit but qualified in that absences were due to major increase in migraines for which Plaintiff was covered under the FMLA.



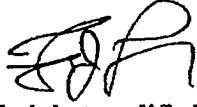
REQUEST NO. 9 Admit but qualified in that Plaintiff's son went on active duty.



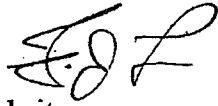
REQUEST NO. 10 Admit but qualified in that Plaintiff's son had active duty orders.



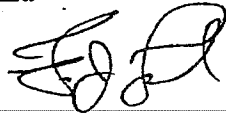
REQUEST NO. 11 Plaintiff is unable to admit or deny due to a major increase at this time in migraines. Plaintiff further states that she advised that someone could have been sent to her house to obtain urine specimens when she could not lift head off of a pillow or see or drive.



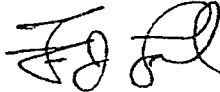
REQUEST NO. 12 Admit but qualified in that Plaintiff's son was called to active duty.



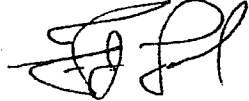
REQUEST NO. 13 Admit.



REQUEST NO. 14 Admit but qualified to the extent that Plaintiff was not advised until Friday at 4:00PM when she was leaving the following Monday after work.



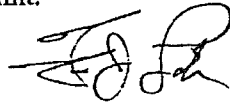
REQUEST NO. 15 Admit but qualified to the extent that Plaintiff was under FMLA coverage.



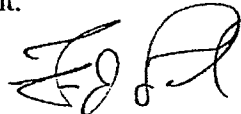
REQUEST NO. 16 Admit.



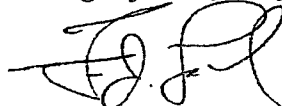
REQUEST NO. 17 Admit.



REQUEST NO. 18 Admit.



REQUEST NO. 19 Objection. This Request seeks information that is subject to attorney client privilege. Without waiving objection, Deny.

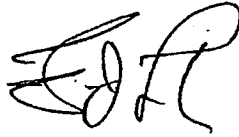


REQUEST NO. 20 Deny.



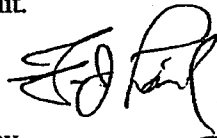
REQUEST NO. 21

Admit.



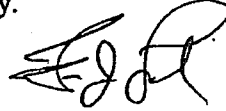
REQUEST NO. 22

Admit.



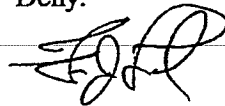
REQUEST NO. 23

Deny.



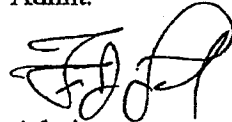
REQUEST NO. 24

Deny.



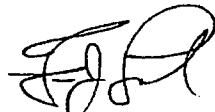
REQUEST NO. 25

Admit.



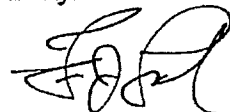
REQUEST NO. 26

Admit.



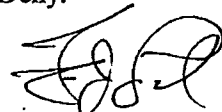
REQUEST NO. 27

Deny.



REQUEST NO. 28

Deny.



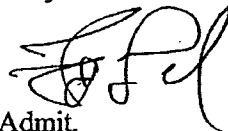
REQUEST NO. 29

Deny.



REQUEST NO. 30

Deny.

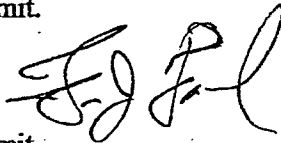


REQUEST NO. 31

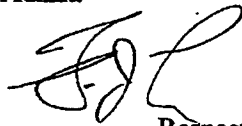
Admit.



REQUEST NO. 32 Admit.



REQUEST NO. 33 Admit.



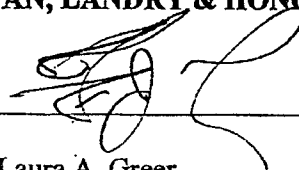
Respectfully submitted,

WASSERMAN, BRYAN, LANDRY & HONOLD, LLP

/s/ Francis J. Landry

Francis J. Landry

Attorney for Plaintiff, Laura A. Greer



CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Plaintiff's Responses to Defendant's First Requests for Admissions to Plaintiff was sent via ordinary U.S. Mail this ^{30th} ~~28th~~ day of March, 2018 to David A. Campbell, Gregory C. Scheiderer and Donald G. Slezak, Vorys, Sater, Seymour and Pease LLP, 200 Public Square, Suite 1400, Cleveland, Ohio 44114 as well as electronically to dacampbell@vorys.com, gcscheiderer@vorys.com, and dgslezak@vorys.com.

/s/ Francis J. Landry

Francis J. Landry

